



CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1964



CONTENTS

1. Members of the Health Committee
2. Functions of Sub-Committees of the Health Committee
3. Staff of the Public Health Department
4. Introduction by Medical Officer of Health
5. Birmingham—general—climatology
6. Vital Statistics
7. Epidemiology
8. Immunisation
9. Laboratory Services
 - (a) Analytical Laboratory
 - (b) Public Health Laboratory Service
10. Tuberculosis
11. Personal Health Services
 - (a) Care of Mothers and Young Children
 - (b) Domiciliary Midwifery
 - (c) Health Visiting
 - (d) Home Nursing
 - (e) Ambulance Service
 - (f) Prevention of Illness, Care and After-care
 - (g) Domestic Help
 - (h) Mental Health
 - (i) Nursing Homes
12. Medical Care of Deprived Children
13. National Assistance Acts
 - (a) Compulsory Removal
 - (b) Blindness
 - (c) Cerebral Palsy
 - (d) Epilepsy
14. Cremation : Staff Welfare
15. Supervision of Food
16. Environmental Conditions
 - (a) Housing
 - (b) Public Health Inspection
 - (c) Industrial Premises
 - (d) Noise Abatement
 - (e) Atmospheric Pollution Control

MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1964-65

Chairman COUNCILLOR MRS. M. A. BROWN, J.P.

(Chairman of Staff and Staff Discipline Sub-Committee)

THE LORD MAYOR (ALDERMAN FRANK PRICE, J.P.)

ALDERMAN G. CORBYN BARROW

ALDERMAN W. T. BOWEN, J.P.

ALDERMAN MRS. A. F. WOOD, C.B.E., J.P.

COUNCILLOR MRS. H. M. BARRADELL

COUNCILLOR D. G. BEVAN

COUNCILLOR J. BLENKINSOP

COUNCILLOR MRS. J. COLE

(Chairman of Finance and General Purposes Sub-Committee)

COUNCILLOR J. A. DAVIS, J.P.

COUNCILLOR H. EDWARDS

COUNCILLOR E. J. FRANKLIN

COUNCILLOR MRS. N. F. HINKS, J.P.

COUNCILLOR C. HUXTABLE

COUNCILLOR W. A. N. JONES

(Chairman of Maternity and Child Welfare Sub-Committee)

COUNCILLOR W. L. LAWLER

COUNCILLOR MRS. S. J. MACKENZIE, J.P.

COUNCILLOR J. W. NOWELL

COUNCILLOR A. PLANTY

COUNCILLOR MEYRICK REES

COUNCILLOR A. T. WALKER

(Chairman of Mental Health Sub-Committee)

COUNCILLOR J. T. WEBSTER

COUNCILLOR MISS O. M. WILLIAMS

(Chairman of Health Education Sub-Committee)

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Finance and General Purposes Sub-Committee:

Chairman—COUNCILLOR MRS. J. COLE

ALDERMEN G. CORBYN BARROW, W. T. BOWEN

COUNCILLORS MRS. H. M. BARRADELL, D. G. BEVAN, MRS. M. A. BROWN, J. A. DAVIS, H. EDWARDS, E. J. FRANKLIN, MRS. N. F. HINKS, C. HUXTABLE, W. A. N. JONES, W. L. LAWLER, J. W. NOWELL, A. T. WALKER, J. T. WEBSTER, MISS O. M. WILLIAMS

RESPONSIBILITIES:

Public Health Acts; Clean Air Act; Prevention of Damage by Pests Act; Milk and Dairies Legislation; Food and Drugs Acts; Housing Acts (parts); National Health Service Act, Section 21 Health Centres, Section 26. Vaccination and Immunisation, Section 27 Ambulance Service, Section 28 Prevention of Illness, Care and After-Care; Rag Flock and other Filling Materials Act; Rent Act; Heating Appliances (Fireguards) Act, Diseases of Animals Act 1950; Offices, Shops and Railway Premises Act 1963, and other miscellaneous enactments not within the scope of personal services.

Meetings monthly.

Maternity and Child Welfare Sub-Committee:

Chairman—COUNCILLOR W. A. N. JONES

ALDERMAN W. T. BOWEN

COUNCILLORS MRS. H. M. BARRADELL, J. BLENKINSOP, MRS. M. A. BROWN, MRS. J. COLE, E. J. FRANKLIN, MRS. N. F. HINKS, C. HUXTABLE, W. L. LAWLER, MRS. S. J. MACKENZIE, A. PLANTY, M. REES, A. T. WALKER, J. T. WEBSTER.

RESPONSIBILITIES:

The Public Health Act in so far as it relates to the inspection of Nursing Homes, Nursing Homes Act 1963; The National Health Service Act, Section 22 Care of Mothers and Young Children, Section 23 Midwifery, Section 24 Health Visiting, Section 25 Home Nursing, Section 28 Prevention of Illness Care and After-Care (Care of the Aged), Section 29 (Domestic Help); Nursing Homes Act 1963; and all matters relating to Maternity and Child Welfare contained in other enactments.

Meetings bi-monthly.

Mental Health Sub-Committee:

Chairman—COUNCILLOR A. T. WALKER

ALDERMEN W. T. BOWEN, MRS. A. F. WOOD

COUNCILLORS MRS. H. M. BARRADELL, D. G. BEVAN, J. BLENKINSOP, MRS. M. A. BROWN, MRS. J. COLE, W. A. N. JONES, W. L. LAWLER, MRS. S. J. MACKENZIE, A. PLANTY, M. REES.

RESPONSIBILITIES:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Mental Health Act, 1959; Nursing Homes Act, 1963.

Meetings bi-monthly.

Health Education Sub-Committee:

Chairman—COUNCILLOR MISS O. M. WILLIAMS

ALDERMEN W. T. BOWEN, MRS. A. F. WOOD

COUNCILLORS J. BLENKINSOP, MRS. M. A. BROWN, MRS. J. COLE, H. EDWARDS, E. J. FRANKLIN, MRS. N. F. HINKS, W. L. LAWLER, A. PLANTY, M. REES, A. T. WALKER.

RESPONSIBILITIES:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care, as related to Health Education).

Meetings at call of Chairman

Staff and Staff Discipline Sub-Committee:

Chairman—COUNCILLOR MRS. M. A. BROWN

ALDERMAN W. T. BOWEN, COUNCILLORS MRS. J. COLE, H. EDWARDS,
C. HUXTABLE, W. A. N. JONES, A. T. WALKER, MISS O. M. WILLIAMS

Meetings at call of Chairman

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC HEALTH AND THE SOCIAL SERVICES

Baths Committee (provision of bathing establishments)

Children's Committee (care of deprived children and adoption)

Education Committee (administration on behalf of Health Committee of junior special training centres and senior special training centre for females)

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments)

Fire Brigade Committee (Ambulance Service on an agency basis)

House Building Committee (erection of houses)

Housing Management Committee (slum clearance and management of municipal houses)

Markets and Fairs Committee (regulation, control and management of markets and fairs)

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving, surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal)

Water Committee (provision of the City's water supply)

Welfare Committee (provision of services under the National Assistance Acts, 1948 and 1951)

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1964

Medical Officer of Health:

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health:

W. NICOL, M.B. Ch.B., D.P.H.

Secretary-Accountant:

C. C. BATEMAN, F.C.A., F.C.C.S.

Administrative Medical Officers of Health:

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc.(Public Health), L.M.

S. G. PHILLIPS, M.B., Ch.B., D.T.M. and H., D.Obst., R.C.O.G., D.P.H.

Deputy to Administrative Medical Officer of Health for Maternity and Child Welfare:

ISOBEL B. CRAIGHEAD, M.B., Ch.B., D.P.H.

Deputy to Administrative Medical Officer of Health for General Purposes:

J. TELFER, M.B., Ch.B., D.T.M. and H., D.P.H.

Medical Superintendent for Nurseries and Deprived Children:

J. C. TALBOT, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

Assistant Administrative Medical Officers of Health for Maternity and Child Welfare:

MARGARET I. MCKINLAY, M.B., Ch.B., D.P.H. (and Mental Health)

J. ELIZABETH PRESTON, M.B., Ch.B. (and Nurseries).

Medical Officer for B.C.G. Vaccination:

ESTHER M. DEVLIN, M.B., B.Ch., B.A.O.(N.U.I.), D.P.H., L.M.

Medical Officer for Staff Welfare:

J. J. LONDON, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Senior Dental Officer:

F. J. HASTILOW, L.D.S.

City Analyst:

A. H. COOMBES, B.Sc., F.R.I.C.

Chief Veterinary Officer:

W. S. DAVISON, M.R.C.V.S., D.V.S.M., F.R.S.H.

Chief Public Health Inspector:

E. N. WAKELIN, O.B.E., F.R.S.H., M.A.P.H.I.

Chief Housing Inspector:

L. V. AMBLER, M.A.P.H.I.

Chief Smoke Inspector:

S. C. BEAUMONT, M.I.Mar.E., M.R.S.H., M.A.P.H.I.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	...	...	...	...	...	...	...	...	1
Assistant Secretary	...	...	...	...	...	...	...	...	1
Administrative Assistant	...	...	...	...	...	...	...	...	1
Deputy Accountant	...	...	...	...	...	...	...	...	1
Assistant Accountant	...	...	...	...	...	...	...	...	1
Staff Officer	...	...	...	...	...	...	...	...	1
Steward	...	...	...	...	...	...	...	...	1
Administrative, Accountancy and Clerical Staff	...	...	...	...	...	...	...	...	106

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Medical Superintendant for Nurseries and Deprived Children	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers)	...	...	...	...	...	...	...	...	13
Senior Dental Officer	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (Full-time and Part-time)	...	...	...	...	...	...	...	...	15

Health Visitors and Associated Staff

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	1
Health Visitor Tutors	...	...	...	...	...	...	...	...	2

Whole-time Part-time

Health Visitors	...	...	...	...	...	120	9
Health Visitors (Unmarried Mothers)	...	...	...	...	...	1	1
Health Visitors (Geriatric)	...	...	...	...	...	3	2
Student Health Visitors	...	...	...	...	...	20	—
Clinic Nurses	...	...	...	...	...	—	8
Dental Nurses	...	...	...	...	...	5	3
Chiropodists	...	...	...	...	...	—	5
Physiotherapists	...	...	...	...	...	—	3

Midwives

Supervisors	...	...	...	...	...	...	...	...	3
Midwives (Full-time 127, Part-time 22)	...	...	...	...	...	...	...	...	149

Day Nurseries

Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Supervisors of Day Nurseries	...	...	...	...	...	...	...	...	2
Nursery Nurses and other professional staff	...	...	...	...	...	...	...	...	302

Home Nursing Service

Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Nursing Staff (Full-time 157, Part-time 39)	...	...	...	...	...	...	...	...	196

Domestic Help

Organiser	1
Assistant Organiser	1
District Organisers	8
Domestic Helps (Full-time)	47
Domestic Helps (Part-time)	895
Night Watchers	43

John Foster Vince Memorial Home (Mother and Baby Home)

Matron	1
Nursing Staff	3
Domestic Staff	6

Clerical Staff	30
-----------------------	----

Miscellaneous Staff

Non-manual (Full and Part-time)	83
Manual	225

MENTAL HEALTH

Administrative Medical Officer (part of duties of Deputy M.O.H.)	1
Chief Assistant	1
Deputy Chief Assistant	1
Divisional Mental Welfare Officers	4
Senior Mental Welfare Officers	10
Mental Welfare Officers	13
Shorthand-typists	5
Clerical Staff	5

Family Care Section

Senior Caseworker	—
Caseworker	1
Assistant Caseworkers	4
Welfare Assistant... ..	1
Shorthand-typist	1
Clerk	—

Parent Guidance Clinic

Senior Psychiatric Social Worker	1
Social Workers	1
Shorthand-typist	1

Hostels for Discharged Psychiatric Patients

Wardens	2
Deputy Warden and Cook	1
Cook	1
Manual Staff	4

Senior Boys' Training Centre

Warden	1
Deputy Warden	1
Senior Supervisor	1
Senior Instructor	1
Assistant Supervisor	1
Instructors	6
Assistant Supervisors	3
Clerk	1
Manual Staff (Part-time)	11

GENERAL PURPOSES

Administrative Medical Officer of Health	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	1
Clerical Staff	...	...	...	...	...	...	...	4

Health Education

Deputy Administrative Medical Officer of Health for General Purposes (in conjunction with other duties)	...	...	...	...	...	...	...	—
Organiser	...	...	...	...	...	...	...	1
Assistant Lecturer and Artists	...	...	...	...	...	...	...	3

Immunisation

Deputy Administrative Medical Officer of Health for General Purposes (in conjunction with other duties)	...	...	...	...	...	...	...	—
Medical Officer for B.C.G. Vaccination	...	...	...	...	...	...	...	1
Nurse Administrator of the Immunisation Section	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	2
Medical and Nursing Staff (Part-time)	...	...	...	...	...	...	...	8
Clerical Staff	...	...	...	...	...	...	...	23
Temporary Clerical Staff (Full and Part-time)	...	...	...	...	...	...	...	13

TUBERCULOSIS

(Prevention and After-Care)

Medical Director (Part-time)	...	...	...	...	...	...	...	1
Medical Officers (Part-time)	...	...	...	...	...	...	...	11
Tuberculosis Visitors	...	...	...	...	...	...	...	9
Clerical Staff	...	...	...	...	...	...	...	6

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	3

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	...	...	...	...	...	...	...	1
Deputy Chief Veterinary Officer	...	...	...	...	...	...	...	1
Veterinary Officers	...	...	...	...	...	...	...	3
District Food Inspectors	...	...	...	...	...	...	...	11
Food Inspectors	...	...	...	...	...	...	...	4
Authorised Meat Inspectors	...	...	...	...	...	...	...	5
Trainee Meat Inspectors	...	...	...	...	...	...	...	12
Clerical Staff	...	...	...	...	...	...	...	5
Miscellaneous Manual Staff	...	...	...	...	...	...	...	6

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	...	...	...	...	...	...	...	1
Deputy Chief Public Health Inspector	...	...	...	...	...	...	...	1
Divisional Public Health Inspectors	...	...	...	...	...	...	...	2
Senior Rodent Officer	...	...	...	...	...	...	...	1
Senior Shops Act Inspector	...	...	...	...	...	...	...	1
Enforcement Officer	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	52
Assistants	...	...	...	...	...	...	...	11
Pupil Public Health Inspectors	...	...	...	...	...	...	...	42
Food and Drugs Sampling Officers	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	18
Miscellaneous Manual Staff	...	...	...	...	...	...	...	29

HOUSING INSPECTORS

Chief Housing Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Housing Inspector	...	...	...	...	...	...	...	..	1
Divisional Housing Inspectors	...	...	...	...	...	...	...	...	2
Inspectorial Staff	...	...	...	...	...	...	...	...	12
Assistants	...	...	...	...	...	...	...	...	5
Draughtsmen	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	11

SMOKE INSPECTORS

Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	7
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	20
Clerical Staff	...	...	...	...	...	...	...	...	21

MILK AND DAIRIES INSPECTORS

Senior Milk and Dairies Inspector	...	...	...	...	...	...	...	...	1
Inspectors	...	...	...	...	...	...	...	...	3
Milk Samplers	...	...	...	...	...	...	...	...	2

ANALYTICAL LABORATORY

City Analyst	...	...	...	...	...	...	...	...	1
Deputy City Analyst	...	...	...	...	...	...	...	...	1
Research Chemist	...	...	...	...	...	...	...	...	1
Laboratory Staff	...	...	...	...	...	...	...	...	11
Clerical Staff	...	...	...	...	...	...	...	...	2

WORKS DEPARTMENT

Building Superintendent	1
-------------------------	-----	-----	-----	-----	-----	-----	-----	-----	---

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	107
---	-----	-----	-----	-----	-----	-----	-----	-----	-----



PUBLIC HEALTH DEPARTMENT,
 TRAFALGAR HOUSE,
 PARADISE STREET,
 BIRMINGHAM, 1.
October, 1965.

*To the Chairman and Members,
 Health Committee.*

By far the most important step taken during 1964 towards improving the health of Birmingham was the introduction of fluoride into the drinking water beginning on 4th June. The City Council's decision and the subsequent fluoridation came after the Health Committee had conducted a review of the proposition over a period of about ten years and a very large volume of information had been studied by the medical and dental officers and by the City Analyst. Just as a hundred years before some people had resented being "bullied into health" by sanitary reforms which succeeded in sweeping away cholera and typhoid, so currently there has been some opposition to fluoridation in spite of the fact that it will enormously reduce dental decay. Every opposing argument has been meticulously examined and, wherever possible, the original documents on which the challenges were based have been obtained and studied. After all this I remain absolutely convinced that fluoridation in Birmingham will be both completely safe and highly effective. Five years from now we shall see that children then starting school will be enjoying far superior dental health as compared with those entering school this year.

In spite of the high birth rate and in spite of the large numbers of births among immigrant families with their problems of poor accommodation, language difficulties and coming into a strange land from an entirely different background, the infant mortality statistics are better than ever, the stillbirth rate (17·5) and the infant mortality rate (21·4) both being the lowest ever recorded. Nevertheless, our latest completed study of those rates applying in 1963 to the babies of various racial groups in Birmingham shows:—

				<i>Both Parents European</i>	<i>One or both Parents West Indian</i>	<i>One or both Parents Indian or Pakistani</i>
Stillbirth rate	..	..	..	16·5	18·3	21·3
Infant	} 0-6 days .. 1 to 4 weeks .. 4 weeks to 1 year	..	..	11·0	15·0	15·9
Mortality		..	..	2·0	1·8	2·9
Rates		..	..	7·4	9·7	14·5

This is clear evidence for the concentration of effort upon those whose need is demonstrated to be greatest. The intensive application in the Central and Middle Ring Wards of rehousing, public health inspection

and health education, to name only some, is bearing magnificent dividends in the much reduced infant mortality rates in these areas so that the disparity as compared with the lower rates in the outer wards has become much smaller.

Another example of how the Department's limited resources have been concentrated where the problems have been found to be most severe, is the intensive attention paid to houses in multiple occupation. By the end of the year the cumulative total of these premises that had been thoroughly inspected had become 2,751, which includes the 1,190 premises inspected during 1964. To these 1,190 premises, 21,071 visits were paid and 4,005 formal notices were served to improve conditions. All notices were followed up and non-compliance resulted in 585 summonses being heard by the Magistrates and a total of £7,624 in fines being imposed.

At the time of writing there has been no case of diphtheria or of poliomyelitis in the City for over three years, a great triumph for immunisation. In the light of this success it is difficult to understand why the parents of only 14,408 of the 22,329 children born in 1963 have taken the trouble to have them protected against diphtheria. By the end of 1964 these children would be between one and two years old, yet immunisation should have started at six months and have been completed by nine months. The recorded reinforcing doses show an even greater state of neglect by the parents, less than half the child population now receiving the full measure of protection which it should have.

Notifications of tuberculosis would appear to show that little headway has been made since 1959, when there were 793 new cases as compared with 742 cases in 1964. During this period, however, notifications among persons born in the British Isles have progressively fallen from 660 in 1959 to 408 in 1964, but notifications from among those born in Asia have risen from 91 to 201. These figures, like those of infant mortality, indicate where the application of intensive effort is needed and measures by the central Government are necessary to supplement local action.

As the size of such problems as malnutrition and infectious disease diminishes, so it becomes possible to pay increasing attention to the early detection of congenital malformations and defects and to give these children special attention to enable them to attain their optimum development. Recognition is a team effort on the part of doctors, midwives, health visitors and undoubtedly parents. Statistical examination of the problem is a joint effort of the University Department of Social Medicine and the Health Department. Recognition and training of handicapped children is likely to become an increasingly large part of the work of the Public Health Department's clinic medical officers, just as general practitioners with the help of health visitors are increasingly checking upon the development of all their child patients and advising upon

the development of all their child patients and advising upon disease prevention and the means whereby every child may grow to attain its full physical and mental potential.

The brilliant successes in preventing death in childhood and middle age are now leading to a large and steadily increasing number of elderly people requiring social and medical services because of their physical deterioration. Decentralisation of those health visitors engaged solely upon geriatric problems has greatly facilitated their collaboration with general practitioners, district nurses, home help organisers, social welfare officers and others. This policy of improving co-ordination is very important in Birmingham where numerous groups provide statutory and voluntary services. In 1961 the City already had 112,025 persons of the age of 65 years and over and 38,812 of these were aged 75 years and over. It is believed that these numbers are growing by about 1,900 and 320 respectively per year and the community has a duty to ensure that these older citizens do not become socially isolated and thereby fall into physical and mental decay. When physical deterioration does occur there is commonly a need for home nursing and domestic help which usually continues as long as the patient remains at home. Thus it is that 60 per cent. of the effort of the district nursing service is expended upon the elderly, as is 65 per cent. of the effort of the home help service. The home help service, because of the difficulty in recruitment, is especially inadequate in size to meet demands. With people over 65 years already forming 1 in every 10 of the population and likely to form 1 in every $8\frac{1}{2}$ by 1971, it is very clear that every possible effort by voluntary bodies will be necessary to promote active and interested lives for the older people. Having successfully added years to life, we must increasingly now add life to years.

Year by year the tempo of the Department's work shows numerous signs of increasing. Members of the public bring forward their problems and complaints more and more readily and in general recognise that they receive prompt, courteous and sympathetic attention. This relationship between the Department and the public is most important and is to be fostered. I myself am proud of the work all my colleagues do and thank them for their efforts. Undoubtedly the deep interest and close collaboration of the Health Committee are highly conducive to this desirable state of affairs.

E. L. M. MILLAR,
Medical Officer of Health

BIRMINGHAM

The rejuvenation of Birmingham mentioned in previous Annual Reports continues. Considerable areas of the sub-standard dwelling house property in the redevelopment areas immediately adjacent to the City centre have been cleared and are now replaced by new dwellings — houses, maisonettes and flats — under local authority schemes. Large scale private development, again near the City centre, is taking place in Edgbaston. The skyline of the City, which changes from year to year, is a ready reminder of the rapid development which has, and is still, taking place.

Birmingham, often termed “The Workshop of the World,” is a centre of industry and progressive local government. The motorways at present in use, under construction or planned will provide the City with modern access routes. Birmingham will eventually be the hub of the motorways bringing within ready access London, Liverpool, Manchester, Bristol and many coastal resorts.

The 1961 Census recorded the population of the City as 1,107,187. The estimated population for the year under review was 1,106,040. On the 1st April, 1964 when the Solihull Order, 1963 came into operation, the area of the City was slightly reduced by 14.4 acres, this being transferred to the Solihull Authority under the proposals of the Local Government Commission for the West Midlands Special Review Area. The acreage of the City is now 51,133 acres — 79.89 sq. miles.

The highest point of the City (roadway) is at Quinton on the western boundary — 736 ft. and the lowest point is on the eastern boundary at Chester Road — 267 ft. above sea level. The Cathedral gardens in the city centre are 459 ft. above sea level.

CLIMATOLOGY

The year 1964 was characterised by being very dry, even in January and February. Due especially to lack of sunshine in March and April, the first four months of the year had a deficiency of over 100 hours as compared with the average, and towards the end of a cold, dull and wet June this sunshine deficiency had mounted to 167 hours, the dullest first half year since 1923. Near the end of June conditions changed to being dry and sunny and remained substantially thus until the end of October by which time the sunshine deficiency had been reduced to less than 50 hours. November too was a mild and dry month and December gave rather mixed conditions with a short period of snow and hard frost at the year end.

Temperature

The mean for the year was slightly below average but there was no period of great heat or cold.

Rainfall

The total for the year was 22.27 inches which was 6.43 inches below average and made 1964 the driest year since 1921. The winter period December 1963 to February 1964 was the driest on record. Snow lay on the ground on only 15 days in the whole year.

Sunshine

The year's total was 1263.6 hours, 36.5 hours below the average.

Fog

Visibility of less than 100 yards was recorded on 10 days. One of the densest fogs of the century was recorded on the evening of 21st January.

Winds

The majority of winds blew from between south and north-west. January, March and, to a lesser extent, May and November had a large proportion of easterlies.

NUMBER OF HOURS DURING WHICH WINDS BLEW FROM 8 MAIN COMPASS POINTS

	N	NE	E	SE	S	SW	W	NW	Calm	Mean hourly M.P.H.
1964	677	992	758	691	1,380	1,956	1,145	1,155	30	8.1
35 yr. av.	617	911	647	812	1,484	1,785	1,214	1,220	70	9.7

Maximum gust speed recorded during 1964 was 54 m.p.h. on 3rd December.

COMPARISON OF MEAN MONTHLY TEMPERATURES AND SUNSHINE AND RAINFALL TOTALS FOR 1964 WITH AVERAGES FOR THE PAST 70 YEARS

Month	Shade Temperature °F.		Rainfall Ins.		Sunshine Hrs.	
	Monthly Averages 1964	Mean 70 years	Monthly Totals 1964	Mean 70 years	Monthly Totals 1964	Mean 70 years
January	38.0	38.4	0.825	2.56	39.3	42.9
February	39.9	38.9	0.945	1.97	40.4	58.1
March ...	38.5	42.0	3.765	1.94	51.4	95.7
April ...	47.3	46.5	1.885	1.96	94.5	134.9
May ...	55.9	52.3	1.700	2.30	172.0	172.1
June ...	56.5	57.6	2.700	2.06	117.4	178.1
July ...	60.8	60.8	1.755	2.57	181.1	167.7
August	60.1	60.2	2.435	2.80	180.6	156.9
September	58.1	56.2	0.600	2.17	175.0	121.9
October	48.3	49.6	1.495	2.78	116.5	85.5
November	46.0	43.3	1.205	2.80	42.5	49.1
December	38.1	40.0	2.955	2.79	52.9	37.2
Year	49.0	48.8	22.265	28.70	1,263.6	1,300.1

VITAL STATISTICS

Area: 51,133 acres i.e. approximately 80 square miles. On the 1st April, 1964, the City was reduced by 14.4 acres when the Solihull Order, 1963, came into force, affecting Acocks Green, Fox Hollies, Billesley and Hall Green wards. This is the first alteration in the City Boundary since 1934.

Population: Census 1961 1,107,187
Males .. 544,624. Females .. 562,563.

Home population estimated by Registrar-General
as at 30th June, 1964 (Civilians plus H.M. Forces
stationed in the area) 1,106,040

This figure shows an apparent drop of 9,590 when compared with the figure for 1963, but it is felt the latter figure has been estimated too high when based on the 1961 census. The small boundary alteration between Birmingham and Solihull affected the figure by only a few hundred persons who were added to the latter County Borough; migration also contributed to the decrease to some extent.

The excess of births over deaths in 1964 was 10,569 which was an increase over the figure of 9,768 for 1963. The birth rate has risen slightly from 20.0 to 20.2 while the death rate has fallen from 11.4 to 10.7.

Live Births

Number		1960	1961	1962	1963	1964
(a)	Born in the City ...	20,478	21,265	21,959	21,708	22,033
(b)	Born outside the City	299	329	308	621	353
Totals		20,777	21,594	22,267	22,329	22,386

LIVE BIRTH RATE. 20.23 per 1,000 population.

The birth rate gradually fell from 22.8 in 1944 to 16.0 in 1955, since when it has risen each year to 20.23 in 1964.

Illegitimate Live Births: numbered 2,358 and this is 10.53 per cent. of the total live births. The following percentages are locally recorded illegitimate live babies compared with total live births.

1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
5.2%	5.3%	6.2%	6.4%	6.5%	6.8%	7.7%	8.9%	10.2%	10.4%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General, the difference in 1963 being 8 per cent. whilst in 1964 it fell to 7 per cent. This may be explained by the birth of illegitimate children to Birmingham women occurring outside the City and not being recorded in our figures.

Stillbirths

There were 398 and of these 253 (63·6 per cent) were premature births which was a little higher proportion than in 1963.

STILLBIRTH RATE per 1,000 total (live and still) births 17·47

This rate is lower than that of last year and is the lowest ever recorded in Birmingham.

Year	...	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Rate	...	23·0	22·9	21·5	22·0	22·1	19·9	20·15	19·0	18·9	17·47

Total Births live and still 22,784

Infant Deaths under one year of age:—

Legitimate	...	...	...	411
Illegitimate	...	...	...	69
				<hr/>
				480
				<hr/>

INFANT MORTALITY RATE

Total infant deaths 480, giving a rate per 1,000 live births of 21·44.

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
23·7	24·6	24·6	25·05	25·4	22·6	23·8	22·8	23·6	21·4

It is gratifying to note that the infant mortality rate has fallen to a level never before attained in Birmingham. With reference to the two inner rings of wards the rate has been substantially lower than hitherto. Formerly the rate for the outer ring has always been much lower than the other two.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Central Wards...	33	28	27	28	34	27	31	30	29	24
Middle Wards ...	26	28	27	27	27	22	24	25	26	23
Outer Wards ...	20	22	22	23	22	21	22	18	18	19
								1962	1963	1964
Legitimate infant deaths per 1,000 live births						21·76	22·19	20·52		
Illegitimate infant deaths per 1,000 live births						31·61	35·71	29·26		

Neo-Natal Mortality Rate, measured as the deaths in the first four weeks of life per 1,000 live births, was 14·47, there being 276 deaths of legitimate babies and 48 of illegitimate giving a legitimate rate of 13·78 and an illegitimate rate of 20·36.

Post Neo-Natal Mortality Rate was 6·97 per 1,000 live births, deaths in the first four weeks being excluded. The legitimate rate was 6·74 and the illegitimate rate was 8·90.

Early Neo-Natal Mortality Rate was 12·60 per 1,000 live births. There were altogether 281 deaths under 7 days old of which 238 were of legitimate babies and the remainder illegitimate, giving rates of 11·88 and 18·24 respectively.

INFANT MORTALITY IN 1964

<i>Cause of Death</i>	<i>Early Neo- natal</i>	<i>7-28 days</i>	<i>Total Neo- natal</i>	<i>Post Neo- natal</i>	<i>Total Infant Deaths</i>
Measles	—	—		1	1
Whooping Cough	—	—		3	3
Influenza	—	—		1	1
Meningitis	1	—	1	2	3
Bronchitis	—	3	3	19	22
Pneumonia	7	1	8	36	44
Diarrhoea and enteritis	—	3	3	27	30
Congenital malformations	47	22	69	40	109
Premature birth	141	6	147	—	147
Atrophy, debility and maramus	4	—	4	—	4
Atelectasis	10	—	10	—	10
Injury at birth	51	2	53	—	53
Otitis media	—	—	—	1	1
Other causes	20	5	25	27	52
TOTALS	281	42	323	157	480

Perinatal Mortality Rate. Stillbirths plus deaths during the first week per 1,000 live and stillbirths was 29·80. There were 680 deaths.

	1960	1961	1962	1963	1964
Rate	34·0	34·4	32·7	31·6	29·8

Maternal Mortality (including 1 abortion).

NUMBER of deaths 9.
 RATE per 1,000 live and still births 0·395.

MATERNAL DEATHS (excluding abortions).

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
5	9	9	6	6	10	4	6	3	8

MORTALITY RATES OF LEGITIMATE AND ILLEGITIMATE BABIES

	Stillbirth rate	Early neonatal mortality rate	Perinatal mortality rate	4 weeks neonatal mortality rate	Post neonatal mortality rate	Total infant mortality rate
1964 Legitimate	...	11.88	29.80	13.78	6.74	20.52
Illegitimate	...	18.24		20.36	8.90	29.26
Total ...	17.47	12.60		14.47	6.97	21.44
1963 Legitimate	...	12.30	31.64	14.45	7.75	22.19
Illegitimate	...	18.93		22.38	13.34	35.71
Total ...	18.89	12.99		15.27	8.33	23.6
1962 Legitimate	...	13.36	32.73	15.51	6.25	21.76
Illegitimate	...	19.32		21.51	10.10	31.61
Total ...	19.03	13.97		16.12	6.65	22.77
1961 Legitimate	...	14.3	34.4	16.4	7.1	23.4
Illegitimate	...	17.1		18.7	9.3	28.0
Total ...	20.15	14.6		16.8	7.3	23.9
1960 Legitimate	...	14.0	34.0	15.4	4.8	21.9
Illegitimate	...	19.4		23.2	6.9	30.1
Total ...	19.86	14.4		16.0	6.6	22.6
1959 Legitimate	...	14.8	36.6	17.0	7.1	24.1
Illegitimate	...	28.9		31.1	11.4	42.5
Total ...	21.14	15.7		18.0	7.4	25.4
1958 Legitimate	...	15.2	37.8	17.4	6.7	24.1
Illegitimate	...	23.3		25.6	13.6	39.3
Total ...	21.96	16.0		17.9	7.1	25.1
1957 Legitimate	...	15.3	36.95	17.2	6.8	24.0
Illegitimate	...	22.3		24.8	9.1	33.8
Total ...	21.53	15.8		17.7	7.0	24.7

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

Death Rate from all causes was 10·68 per 1,000 population, the total number of deaths reaching 11,817. The death rate was lower than that of 1963 which was 11·35 and the number fell by 844. The table below shows that the number of deaths from each of the causes fell below the number which occurred in the previous year excepting circulatory diseases where a rise in number was experienced. Although the number of cancer deaths was less than the previous year the percentage of these among all deaths indicated a rise from 18·9 to 19·4.

The winter of 1963 – 1964 provided no particular bad weather hazards with the result that no high weekly death rates were recorded. The highest number of deaths reported in any week only reached 293 and this occurred in January, a month when between 350 and 400 deaths is more usual.

The diseases set out in the accompanying table are the principal causes of death especially among the elderly and, as in 1963, so again accounted for 86·2 per cent. of all deaths.

In 1964 deaths of infants under one year accounted for 4 per cent. of all deaths and deaths of those 65 and over for 64 per cent.

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1955	3,830	2,295	1,755	1,442	418	658	527
1956	3,322	2,315	1,628	1,402	463	592	544
1957	3,452	2,428	1,565	1,509	677	377	554
1958	3,584	2,309	1,763	1,422	465	145	545
1959	3,717	2,372	1,687	1,979	508	119	543
1960	3,708	2,260	1,694	1,411	488	155	611
1961	3,913	2,303	1,678	1,914	500	147	581
1962	3,787	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,451	616	131	614
% of all deaths in 1964	29·1	19·4	13·9	12·3	5·2	1·1	5·2

Area Comparability Factors

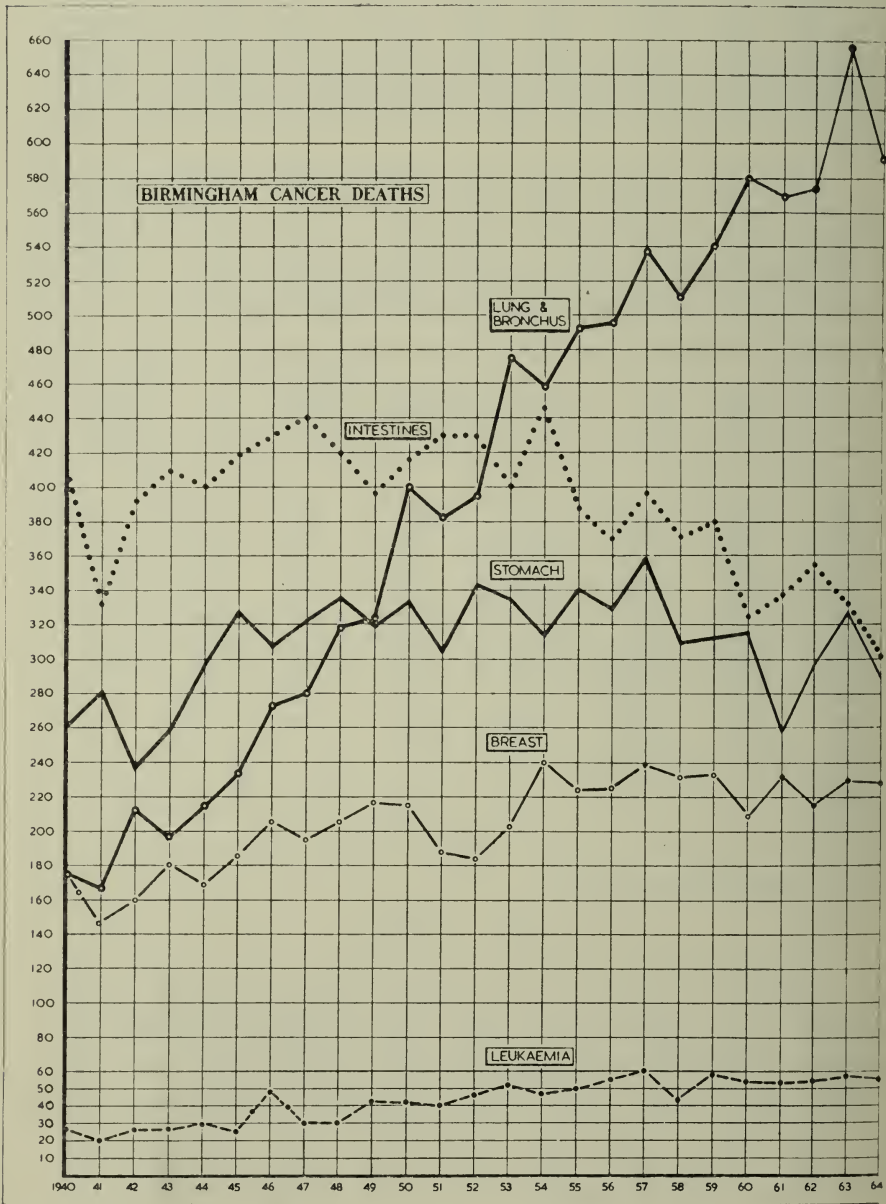
Births 0·99 Deaths 1·17

Crude birth and death rates are not satisfactory rates in themselves for comparative purposes because each area varies in the age and sex structure of its population. In order to make comparisons of birth and death rates between one area and another the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The adjusted Birth Rate was 20·03 and the adjusted Death Rate was 12·50 per 1,000 population.

CANCER

Deaths from cancer totalled 2,297, 93 less than in 1963, giving a mortality rate of 2.08 compared with 2.14 for the previous year.

		1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Deaths	...	2,295	2,315	2,428	2,309	2,372	2,260	2,303	2,323	2,390	2,297
Rate	...	2.06	2.08	2.20	2.10	2.17	2.07	2.07	2.08	2.14	2.08



There were 591 deaths from cancer of the lung and bronchus, 63 less than in 1963. A noticeable rise in the number of deaths from this cause was revealed in 1963 but the fall in the number in 1964 gives some satisfaction to record, though it appears that the disease is slowly increasing among women, 78 having died, 2 more than in the previous year. As in the past, the highest number of deaths occurred in those under 65 years of age which was 324, 304 of them being in the age group 45 – 64, while 20 were under 45 years.

Cancer of the digestive organs caused 789 deaths, comprising 381 men and 408 women and the figure for genital organs was 224, 58 of which resulted from cancer of the cervix. From breast cancer there were 229 deaths and 56 were caused by leukaemia.

Accidents

There were 452 fatal accidents, 274 being to males and 178 to females, producing 3·8 per cent. of all deaths. Accidents to persons of 65 and over caused 218 deaths, being 48 per cent of all deaths from accidents. The following figures show the high proportion of the elderly among those who died from falls, or by being struck by motor vehicles whilst walking, or by coal gas.

<i>Type of Accident</i>	(a) <i>Total Deaths</i>	(b) <i>No. in column (a) 65 years and over</i>	(c) <i>(b) as % of (a)</i>
Falls on the same level... ..	111	102	91·8
Falls downstairs	20	17	85·0
Pedestrians killed by motor vehicles	104	54	51·9
Other road accidents	87	4	4·6
Coal gas poisoning	36	26	72·2
Burns & electricity	26	3	11·5
Other accidents	68	12	17·6

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among old people, causing 46·8 per cent of them. Next in importance for old people is being knocked down by motor vehicles, which resulted in 24·8 per cent. of the accidental deaths among them. There were 211 fatalities from accidents at home and these accounted for 46·7 per cent. of all accidental deaths. 176 or 83 per cent. of the 211 concerned children under five years and adults 65 years and over.

Accidents occurring on the road and in the course of employment accounted for 94 males and 15 females between the ages of five and 45 years.

The numbers of fatal accidents shown in the table include those which occurred outside the City and where the victims normally resided in Birmingham. The total number of 452 deaths was less by 32 than in 1963. The number of deaths due to road accidents amounted to 191, 138 of them resulting from incidents in Birmingham. Previous years' figures were as follows:—

1959	1960	1961	1962	1963
145	164	183	130	175

CRUDE RATES

Year	BIRTH RATE			STILLBIRTH RATE			INFANT MORT. RATE			DEATH RATE		
	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales
1901	31.4		27.2 <i>is mean for 1901— 1910</i>				176		151	17.5		16.9
1911	26.1		24.4				150		130	15.0		14.6
1921	24.1		22.4	35			83		83	11.3		12.1
1931	16.9		15.8	39		41	71		66	11.7		12.3
1936	15.8		14.8	35		40	62		59	11.3		12.1
1941	16.8	14.7	13.9	29		35	69	71	60	13.2	14.9	13.5
1942	19.3	17.3	15.6	28		33	56	59	51	11.8	13.3	12.3
1943	20.9	18.6	16.2	27		30	55	58	49	12.1	14.2	13.0
1944	22.8	20.3	17.7	25		28	42	52	45	11.3	13.7	12.7
1945	20.2	19.1	15.9	25		28	49	54	46	11.2	13.5	12.6
1946	22.5	22.2	19.2	25		27	40	46	43	11.3	12.7	12.0
1947	22.2	23.3	20.5	24		24	41	47	41	11.1	13.0	12.3
1948	19.5	20.0	17.9	22		23	32	39	34	9.8	11.6	11.0
1949	18.1	18.7	16.9	22		23	31	37	32	10.7	12.5	11.8
1950	16.8	17.6	15.8	23		23	30	34	30	10.9	12.3	11.6
1951	16.5	17.3	15.5	22		23	30	34	30	11.4	13.4	12.5
1952	16.4	16.9	15.3	20	25	23	27	31	28	10.2	12.1	11.3
1953	16.6	17.0	15.5	23	25	22	26	31	27	10.6	12.2	11.4
1954	16.4	15.2	15.2	22	23	24	24	25	25	10.6	11.1	11.3
1955	16.0	14.9	15.0	23	23	23	24	25	25	11.3	11.6	11.7
1956	16.6	15.6	15.6	23	23	23	25	24	24	10.9	11.6	11.7
1957	17.1	16.1	16.1	22	23	22	25	24	23	11.2	11.5	11.5
1958	17.6		16.4	22		22	25		23	11.0		11.7
1959	17.7		16.5	21		21	25		22	11.6		11.6
1960	19.0		17.0	20		20	23		22	11.0		11.5
1961	19.5		17.6	20		19	24		22	11.4		12.0
1962	20.0		18.0	19		18	23		21	11.1		11.9
1963	20.0		18.2	18.9		17	24		21	11.3		12.2
1964	20.2		18.4	17.5		16	21		20	10.7		11.3

* No longer available.

WARDS	Estimated Population	BIRTHS				TOTAL DEATHS		INFANT DEATHS	
		Number	Rate per 1,000 Population	Illegitimacy % of live births		Number	Rate per 1,000 Population	Number	Rate per 1,000 live births
				Number					
Aston	30,500	870	28.5	143	16.4	313	10.3	24	27.6
Dartford	31,000	872	28.1	141	16.2	336	10.8	19	21.8
Duddesdon	29,500	728	24.7	64	8.8	275	9.3	17	23.4
Ladywood	19,300	453	23.5	49	10.8	205	10.6	9	19.9
Newtown	26,200	598	22.8	65	10.9	301	11.5	17	28.4
Totals and Average Rates of Central Wards	136,500	3,521	25.8	462	13.1	1,430	10.5	86	24.4
All Saints	24,000	511	21.3	46	9.0	267	11.1	13	25.4
Edgbaston	23,900	614	25.7	94	15.3	249	10.4	15	24.4
Gravelly Hill	29,600	695	23.5	68	9.8	442	14.9	11	15.8
Handsworth	32,200	1,140	35.4	195	17.1	390	12.1	29	25.4
Moseley	29,800	811	28.0	113	13.9	360	12.4	13	16.0
Rotton Park	26,800	772	28.8	116	15.0	562	21.0	25	32.4
Salfley	28,600	553	19.3	73	13.2	322	11.3	8	14.5
Selly Oak	28,100	502	17.9	30	6.0	458	16.3	16	31.9
Small Heath	30,500	798	26.1	101	12.7	329	10.8	23	28.8
Soho	28,000	1,187	42.4	185	15.6	303	10.8	31	26.1
Sparkbrook	30,300	946	31.2	127	13.4	293	9.7	20	21.1
Sparkhill	32,000	894	27.9	106	11.9	336	10.5	12	13.4
Washwood Heath	28,900	495	17.1	36	7.3	336	11.6	9	18.2
Totals and Average Rates of Middle Ring Wards	371,900	9,918	26.7	1,290	13.0	4,647	12.5	225	22.7
Acocks Green	29,400	541	18.4	41	7.6	362	12.3	13	24.0
Billesley	27,300	341	12.5	20	5.9	235	8.6	6	27.6
Brandwood	29,400	433	14.7	30	6.9	293	10.0	6	13.9
Erdington	25,600	418	16.3	39	9.3	261	10.2	8	19.1
Fox Hollies	26,400	356	13.5	30	8.4	286	10.8	2	8.6
Hall Green	29,400	368	12.5	21	5.7	340	11.6	3	8.2
Harborne	25,200	357	14.2	32	9.6	296	11.7	7	19.6
Kingstanding	24,700	301	12.2	25	8.3	283	11.6	11	36.5
Kings Norton	30,700	588	19.1	21	3.6	315	10.3	9	15.3
Longbridge	33,500	509	15.2	40	6.8	409	12.2	6	11.8
Northfield	30,400	444	14.6	31	7.0	201	6.6	4	9.0
Oscott	27,100	448	16.5	16	3.6	194	7.2	14	31.3
Perry Barr	26,700	403	15.1	12	5.2	218	8.2	12	29.8
Quinton	24,300	313	12.9	18	5.8	283	11.6	2	6.4
Sandwell	28,400	588	20.7	66	10.4	305	10.7	9	15.3
Shard End	32,900	356	10.8	20	5.6	205	6.2	4	11.2
Sheldon	28,400	426	15.0	18	4.2	178	6.3	8	18.8
Stechford	25,600	470	18.4	35	7.4	375	8.4	7	14.9
Stockland Green	29,600	424	14.3	38	9.0	378	12.7	12	28.3
Wesley	34,500	443	12.8	27	6.1	228	12.8	9	20.3
Yardley	28,100	420	14.9	17	4.0	232	8.3	14	39.3
Totals and Average Rates of Outer Ring Wards	597,600	8,947	15.0	606	6.8	5,717	9.6	166	18.6
Ward of Domicile not known	—	—	—	—	—	23	—	3	—
Total and Average Rates for Whole City	1,106,040	22,386	20.2	2,358	10.5	11,817	10.7	480	21.4

CAUSES OF DEATH AT DIFFERENT AGE PERIODS DURING 1964

No.	Cause of Death	Sex	AGES AT DEATH						All Ages	No.	Cause of Death	Sex	AGES AT DEATH						All Ages	
			0-	1-	2-	5-	15-	25-					45-	65-	75-					
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	14A	Rheumatic Fever	M.	—	—	—	—	—	—	—	—
1A	Smallpox	M.	—	—	—	—	—	—	—	14B	Chronic Rheumatism & Osteo-Arthritis	M.	—	—	—	—	—	—	—	—
2	Measles	M.	—	—	—	—	—	—	—	3	15	Cerebral Haemorrhage, etc.	F.	—	—	—	—	—	—	—
3	Scarlet Fever	M.	—	—	—	—	—	—	—	15A	Other Nervous Diseases and Diseases of Sense Organs	F.	—	—	—	—	—	—	—	—
4	Whooping Cough	M.	—	—	—	—	—	—	—	3	16	Heart Disease	M.	—	—	—	—	—	—	—
5	Diphtheria	F.	—	—	—	—	—	—	—	1	17	Aneurysm	F.	—	—	—	—	—	—	—
6	Influenza	M.	—	—	—	—	—	—	—	14	18	Arteriosclerosis and other Circulatory Dis.	M.	—	—	—	—	—	—	—
6A	Poliomyelitis incl. Folio Encephalitis	M.	—	—	—	—	—	—	—	14	19	Bronchitis	M.	—	—	—	—	—	—	—
7	Acute Infectious encephalitis incl. Enc'alitis Lethargica	F.	—	—	—	—	—	—	—	—	20	Pneumonia (all forms)	M.	—	—	—	—	—	—	—
8	Meningococcal Infections incl. Cerebrospinal Fever	M.	—	—	—	—	—	—	—	1	21	Other Respiratory Diseases	M.	—	—	—	—	—	—	—
9	Tuberculosis of Respiratory System	M.	—	—	—	—	—	—	—	48	22	Peptic Ulcer	M.	—	—	—	—	—	—	—
10A	Tubercular Meningitis	M.	—	—	—	—	—	—	—	13	23	Diarrhoea and Enteritis	F.	—	—	—	—	—	—	—
10B	Tuberculosis of the Abdomen	M.	—	—	—	—	—	—	—	2	24	Appendicitis	M.	—	—	—	—	—	—	—
10C	Tuberculosis of Spinal Column	M.	—	—	—	—	—	—	—	1	25	Cirrhosis of Liver	M.	—	—	—	—	—	—	—
10D	Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	26	Other Diseases of Liver, etc.	F.	—	—	—	—	—	—	—
10E	Disseminated Tuberculosis	M.	—	—	—	—	—	—	—	—	27	Other Digestive Diseases	M.	—	—	—	—	—	—	—
10F	Tuberculosis of Glands and other parts	M.	—	—	—	—	—	—	—	—	28	Acute and Chronic Nephritis	M.	—	—	—	—	—	—	—
11	Syphilis	M.	—	—	—	—	—	—	—	3	28A	Other Genito-Urinary Diseases	M.	—	—	—	—	—	—	—
12	General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	1	29	Puerperal Sepsis	F.	—	—	—	—	—	—	—
13A	Cancer of Buccal Cavity & Pharynx	M.	—	—	—	—	—	—	—	24	30	Other Puerperal Causes	M.	—	—	—	—	—	—	—
13B	" Digestive Organs & Peritoneum	M.	—	—	—	—	—	—	—	9	31	Congenital Debility, Premature Birth, Malformations, etc.	M.	—	—	—	—	—	—	—
13C	" Respiratory Organs	M.	—	—	—	—	—	—	—	11	32	Senility	F.	—	—	—	—	—	—	—
13D	" Genital Organs	M.	—	—	—	—	—	—	—	82	33	Suicide	M.	—	—	—	—	—	—	—
13E	" Breast	M.	—	—	—	—	—	—	—	36	34	Other Violence...	M.	—	—	—	—	—	—	—
13F	" Urinary Organs	M.	—	—	—	—	—	—	—	50	35	Other Causes	M.	—	—	—	—	—	—	—
13G	" Skin	M.	—	—	—	—	—	—	—	12	36	All Causes	M.	—	—	—	—	—	—	—
13H	" Other Organs	M.	—	—	—	—	—	—	—	4	37		F.	—	—	—	—	—	—	—
14	Diabetes	M.	—	—	—	—	—	—	—	35	38		F.	—	—	—	—	—	—	—

EPIDEMIOLOGY

Brucellosis

One case of brucellosis was notified during the year in a man aged 39 years who became ill on the 12th July. Laboratory examination of the blood disclosed that agglutination occurred to a titre of $\frac{1}{1250}$. Investigations revealed that whilst on holiday (from about the 30th June to 2nd July) he had a glass of raw milk. Later, samples of milk taken from the same source however, revealed no brucella abortus on animal inoculation.

Diphtheria

1964 was again noteworthy for the absence of diphtheria. The following figures show the incidence in recent years.

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	<i>Immunisation History</i>
1956	1	0	Never immunised.
1957	1	1	„ „
1958	0	0	
1959	0	0	
1960	0	0	
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for
1963	0	0	reinforcing injection.
1964	0	0	

IMMUNISATION see page 46.

Dysentery

During the year 802 notifications of dysentery were made to the Department; 188 by hospitals, 84 by the Public Health Laboratory Service and 530 by general practitioners. Forty-four of these were subsequently reclassified leaving 758 cases recorded by the Department as clinically confirmed. (In 1963 the Department recorded 663 clinically confirmed cases).

The age and distribution of clinically confirmed cases is shown in the table below. This indicates that, as usual, children are the most frequent sufferers. The preponderance of females over males among young adults was not so marked in 1964 as in some recent years.

CLINICALLY CONFIRMED CASES BY AGE AND SEX

<i>Age</i>	<i>Under 1</i>	<i>1-2</i>	<i>3-4</i>	<i>5-9</i>	<i>10-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>
Male . .	33	102	54	60	15	17	23	43	15	11	12	3	2	390
Female	33	78	48	49	17	13	29	46	19	12	10	13	1	368
TOTALS	66	180	102	109	32	30	52	89	34	23	22	16	3	758

The seasonal incidence (with 1963 figures in brackets) was as follows:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
209 (170)	185 (227)	181 (134)	183 (132)

Faecal specimens were examined in 458 cases and, in 232 of these, dysentery organisms were found.

The distribution of the 232 bacteriologically confirmed cases by species and season was as follows :—

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Totals</i>
<i>Shigella sonnei</i>	23	28	47	31	129
<i>Shigella flexneri</i>	20	33	38	12	103
TOTALS	43	61	85	43	232

It will be noted that *Shigella flexneri* was found almost as commonly as *Shigella sonnei* and that, indeed, in the second quarter of the year *Shigella flexneri* was the commoner of the two organisms. *Shigella flexneri* now seems to be well established in the City. Clinically there seems to be nothing to distinguish flexner dysentery from sonnei.

Four institutional outbreaks were investigated during the year. At a day nursery 14 cases occurred during a short period in March, one being a student nurse and the others children. The nurse and three of the children had negative faecal specimens while the others gave specimens positive for *Shigella flexneri* serotype 3A. All became negative after treatment.

Between 17th August and 3rd November 12 cases were notified from a residential nursery and, on investigation, eight children and two members of the staff were found to be excreting *Shigella flexneri* serotype 3A. All had negative faecal specimens after treatment. The other two institutional outbreaks involved five cases at a day nursery due to *Shigella sonnei* and three cases at a children's home due to *Shigella flexneri* serotype 3A.

Twenty notifications were received during the year from hostels for homeless families. Seven were isolated cases, the others occurred in groups of three, four and six cases respectively.

Encephalitis

(a) INFECTIVE ENCEPHALITIS

Only one case of Infective Encephalitis (presumably of virus origin) was notified during 1964. This was a girl aged 7 months who recovered.

(b) POST INFECTIOUS ENCEPHALITIS, that is encephalitis associated

with an infectious disease, was notified three times during the year. Details of the cases are as follows –

<i>Age and Sex</i>	<i>Initial Infection</i>	<i>Outcome</i>
Male aged 5 months	Influenza	Died
Male aged 5 years	Mumps	Recovered
Female aged 5 years	Measles	Recovered

Food Poisoning

During 1964 the diagnosis of food poisoning was accepted in 231 cases. These were distributed as follows –

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
14 (153)	39 (83)	160 (84)	18 (175)	231 (495)

The figures in brackets refer to 1963. There were two deaths in the third quarter of the year.

An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contaminating or infecting source. The following is a summary of the outbreaks and single cases which occurred.

<i>Outbreaks</i>				<i>Cases</i>	
Total 9				Total 155	
<i>Outbreaks due to identified agents</i>					
Salmonella enteritidis	1 family	...	...	...	2
Clinically Clostridium welchii	1 other	...	...	...	130
<i>Outbreaks of undiscovered cause</i>					
	6 families	...	...	...	20
	1 other	...	...	...	3
<i>Single Cases</i>					
Agent identified	44	Unknown	23		Total 67
<i>Organism</i>				<i>No. of cases</i>	
Salmonella typhimurium				24	
chester				5	
thompson				3	
heidelberg				2	
blockley				3	
enteritidis				3	
panama				1	
stanley				1	
bovis morbificans				1	
bredeney				1	
Salmonella infection not food borne					
chester				9	Total 9

OUTBREAKS

Although the number reported was less than in 1963, as was the total of patients involved, unfortunately, two people died and the pattern of events in the major outbreak indicated the continuing need to improve standards in the handling and preparation of food for human consumption. As with many other large outbreaks, this occurred on a Sunday, the frequent practice of preparing the week-end meal in advance and subsequent reheating being the important contributory factors.

The outbreak, which affected 130 people, occurred in a geriatric hospital and on clinical grounds appeared to have been caused by a toxin producing organism probably *Clostridium welchii*. Pork was thought to have been the main foodstuff at fault. This had been delivered as a consignment of 20 legs on the 23rd July and, except for removal for boning, remained in the refrigerator until cooked on the 25th July, afterwards being sliced and served the following day in warm containers (contrary to hospital instructions). Two affected had eaten chicken but it was assumed that this had been contaminated. No staff were affected although they ate food prepared in the same kitchen but not the same dishes. All the kitchen staff were examined and swabs taken from nose and hands; there were no obvious lesions or sore throats. Laboratory findings indicated the presence of staphylococcus organisms in four instances but these results were typical of what one could expect from the population at large, otherwise the findings were negative. From the nature of the illness it was thought that *Clostridium welchii* was most probably responsible, contamination occurring during slaughtering or at any point afterwards in the preparation. The two who died were a woman aged 80 already affected by cerebral thrombosis, and one aged 36 suffering from disseminated sclerosis.

Salmonella enteritidis (Type II) was isolated from the faeces of two members of a family who became ill on the 23rd and 24th September, 1964. Although investigations were carried out the source was not known.

SINGLE CASES

Of the 76 single cases *Salmonella typhimurium* accounted for 24. In regard to the nine cases of *Salmonella chester* (not food borne) these were most probably due to infection being passed from patient to staff and vice versa.

Malaria

Only one case was notified during 1964 as suffering from malaria and this was a man aged 45 who had recently returned from abroad.

Measles

As was to be expected, following the heavy incidence of measles during 1963, when 14,243 cases were notified, only 6,723 notifications were received during 1964. The highest number of notifications was received during the week ending 30th May, when 316 cases were notified; week ending September 18th had the lowest number, 24.

The following table shows the age and sex distribution –

<i>Age</i>	0	1–2	3–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65–74	75+	<i>Total</i>
Male ...	171	1087	998	1136	34	7	3	8	1	1	—	—	—	3446
Female	193	1035	950	1042	29	13	6	1	4	3	1	—	—	3277
TOTAL	364	2122	1948	2178	63	20	9	9	5	4	1	—	—	6723

Three children died. The details were as follows –

<i>Sex</i>	<i>Age</i>	<i>Remarks</i>
Male	8 months	Death from. bronchitis due to measles.
Male	19 months	Elder brother had measles about 4th May, baby taken ill on the 18th May, died 27th May – from laryngo-tracheo bronchitis and measles.
Male	23 months	Death from measles with whooping cough. Poor home – house let in lodgings other children in house having had whooping cough. Mother appeared to have low intelligence and poor standards. All her children (three including child who died) were illegitimate. Family and children all slept in one room. (see also whooping cough deaths).

Meningococcal Infection

There were twelve cases of meningococcal infection during 1964, of which one died. The ages and sexes of these were as follows –

MALES

0 – 1 year ...	...	...	5	3 – 4 years	...	...	1
1 – 2 years	...	...	3 (1 died)	35 years	...	...	1

FEMALES

5 – 14 years	1	15 – 20 years	1
--------------	-----	-----	---	---------------	-----	-----	---

There was no association between any of the cases.

Paratyphoid

During 1964 there was only one case of paratyphoid fever – it occurred in a male aged 22 years shortly after arrival in this country. Paratyphoid “A” organisms were isolated later. The patient had not been to work and appeared to have stayed at various addresses. No other cases occurred.

Pneumonia

Under the Public Health (Infectious Diseases) Regulations, 1953, pneumonia is notifiable only when the disease is primary or when it

occurs as the result of an attack of influenza. There were 153 notifications of primary pneumonia and 15 of the type following influenza. The age incidence was –

<i>Age</i>	0	1–2	3–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65–74	75+	<i>Total</i>
<i>Notifs. of Primary pneumonia</i>	6	6	7	6	2	4	—	15	18	16	38	19	16	153
<i>Pneumonia following influenza</i>	—	—	2	2	—	—	—	2	1	4	1	3	—	15

The monthly incidence is given below

<i>Month</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
<i>Notifs. of primary pneumonia</i>	22	8	23	28	10	5	8	4	4	6	18	17
<i>Influenzal pneumonia</i>	1	2	2	1	3	1	—	—	—	—	3	2

The week ending April 4th had the highest number of notifications, sixteen, and for the weeks ending February 8th, June 13th, July 11th, August 22nd, September 12th, October 3rd and October 31st – no notifications were received.

The most common type of pneumonia is, of course, bronchopneumonia and this is not notifiable unless occurring in association with influenza.

Deaths from all types of pneumonia totalled 564 and the age distribution was as follows –

DEATHS FROM PNEUMONIA (ALL FORMS) 1964

<i>Age</i>	0–	1–	2–	5–	15–	25–	45–	65–	75–
<i>Deaths</i>	44	4	2	2	5	7	80	120	300

23 per cent. of all the notifications related to persons 65 years of age and over; 74 per cent. of the deaths were in this group.

Poliomyelitis

There were no confirmed cases of poliomyelitis for the year 1964.

The following numbers of confirmed cases have been recorded in previous years.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
442	52	48	40	17	84	7	35	43	9	22	18	5	Nil	Nil

IMMUNISATION see page 46.

Scabies see page 259.

Scarlet Fever

There were 598 cases of scarlet fever in 1964 as compared with 435 in 1963. There were no deaths. The five to nine age group accounted for 54 per cent. of the cases. The highest number of notifications, 25, was recorded in the week ending 7th March, and the lowest in the weeks ending 5th and 19th September – when only one case was notified.

Smallpox

There were no cases of smallpox during the year. Surveillance was, however, carried out on a number of people who had arrived in England from endemic areas.

SMALLPOX VACCINATION See Immunisation page 53.

Typhoid

During 1964 there were nine confirmed cases of typhoid fever. No deaths occurred.

The age and sex distribution was as follows:–

FEMALES	1 year, 2 years, 3 years, 6 years.
MALES	5 years, 7 years, 12 years (2), 14 years.

A boy aged 12 years had been admitted on the 25th January to the East Birmingham Hospital suffering from gastro-enteritis. The organism responsible was later classified as Salmonella typhi Vi Phage Type D.2. The family consisted of father, mother and three other children, the father having served in the Merchant Navy in the past for a period of ten years and, according to his wife, had been treated for an undefined illness in New York. Specimens were taken from the family and an organism similar to the one referred to above was isolated from the father He was admitted to hospital for treatment, but remained a carrier. No further cases arose in this family and there would appear to have been no spread.

The second case arose in a young girl aged 6 years who had an undefined illness in March and was subsequently transferred to the East Birmingham Hospital, the organism responsible being an untypeable Vi strain. Investigations revealed that she lived with her parents in premises which were run as a butcher's shop. This was immediately closed and enquiries revealed that the father was a carrier also excreting an untypeable strain. He too was admitted to hospital where he received intensive treatment but remained a carrier.

On the 6th November, notification of a case of typhoid in a girl aged 2 years was reported from the Dudley Road Hospital where she had been admitted three days earlier suffering from a pyrexia. She was immediately transferred to the East Birmingham Hospital and investigations carried out. The child lived with her parents and three siblings in one room in a house in multi-occupation. Despite repeated questioning the source could not be determined on the initial visits. Subsequently her two sisters aged one year and two years were also admitted to hospital and *Salmonella typhi* was isolated from their faeces. At first it was thought that they might be carriers but in a matter of hours the diagnosis of typhoid fever was made in both cases. On a further visit to the child's home it was found that the brother, aged 5 years, had had an illness about two months before which was diagnosed as bronchitis. This was a fairly severe illness and had kept the child off school for a period of about six weeks. As it seemed likely that this illness might have been typhoid fever, the mother was questioned as to his movements and it was found that he was in the habit of visiting his aunt who lived locally. This woman, in fact, lived with her husband who was employed in the wine and food trade, her mother, who was engaged in the food trade, and a school age son. The two food handlers were suspended from work and the boy excluded from school. Investigations subsequently revealed that the 5 year old brother was, in fact, excreting *Salmonella typhi* organisms and it was assumed that he had had the disease probably a few weeks before and was now a healthy convalescent carrier. It was also established that his Aunt too was excreting this organism although there was no previous history of typhoid fever. Both carriers were admitted to hospital for treatment. The phage type was "A" in all cases.

At approximately the same time another case occurred in the City in a boy aged 7 years, who had recently arrived in this country, the phage type being K.1. This infection was assumed to have occurred abroad and no further cases occurred.

The last two cases occurred in two boys aged 12 and 14 years shortly after their arrival in this country. They were both admitted to hospital suffering from a pyrexia of unknown origin, and a subsequent diagnosis of typhoid fever was made. The phage type was D.5. in the 12 year old boy and an untypeable strain in the case of the 14 year old boy. The two cases were unconnected and the infection was assumed to have occurred abroad.

Venereal Disease

We are again indebted to Dr. Fowler, Consultant in Venereology at the General Hospital for the following information.

The upward trend in the incidence of early syphilis noted in 1963 continued at an accelerated rate in 1964. The incidence of non-gonococcal urethritis also continued to increase. The position regarding gonorrhoea improved in that the re-infection rate was lower than in 1963. The number of cases in the category of "other conditions" increased slightly but there were fewer cases of late syphilis than in the previous year. 2 per cent. more new patients attended the clinic than in 1963.

GONORRHOEA

There were slightly fewer cases than in 1963 (1·6 per cent.). As in 1963, the decrease was shown only by male cases and amounted to 2·4 per cent. There was a very slight increase in the number of female patients (1 per cent.).

It will be recalled that, as applied to gonorrhoea, the term "case" refers to one attack of gonorrhoea and not to one individual, and that one individual can be recorded as a number of "cases" in the course of a year. As will be seen below, the decline in the number of "cases" was due to fewer patients contracting the disease more than once during the year and that, in fact, there were more male patients as well as female patients in 1964. The increase amounted to 4·4 per cent. for males and 3·8 per cent. for females.

<i>Year</i>	<i>New Cases</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
1963	1,711	504	2,215
1964	1,668	510	2,178

	<i>New Patients</i>		
1963	1,419	452	1,871
1964	1,481	470	1,951

RACIAL INCIDENCE

The incidence of the disease declined in all immigrant groups. In Southern Irishmen the incidence fell by 15 per cent. while there were 11 per cent. fewer cases in West Indian males than in 1963. This is the second year that there has been a decrease in West Indian male cases and it is worth noting that these men provided 300 fewer cases in 1964 than in 1962. West Indian females accounted for 18 per cent. fewer cases and Southern Irish women for 26 per cent. fewer cases than in 1963.

On the other hand, there was a marked increase in gonorrhoea in men and women born in the British Isles. This increase amounted to 7·7 per cent. for females and 17 per cent. for males. This is the second year that the incidence has increased in British males and, for the first time for many years, men born in this country accounted for more cases of gonorrhoea than men from the West Indies.

RACIAL INCIDENCE (Cases)

			<i>Male</i>		<i>Female</i>	
			<i>1963</i>	<i>1964</i>	<i>1963</i>	<i>1964</i>
British	...	...	576	674	377	406
W. Indian	...	...	653	579	51	42
S. Irish	...	...	164	140	69	51
Asiatics	...	...	232	207	1	4
Others	...	...	86	68	6	7
TOTAL			1,711	1,668	504	510

Of the total male cases 40·4 per cent. were born in the United Kingdom compared with 33 per cent. in 1963 and only 26 per cent. in 1962. The 1964 figure is still lower than that of the country as a whole (50·4 per cent).

Of the total female cases 79·6 per cent were born in this country compared with 75 per cent. in 1963. The corresponding figure for England and Wales was 82·6 per cent.

AGE INCIDENCE

Male teenagers accounted for four fewer cases and female teenagers for thirty more cases than in 1963. In both sexes there was a reduction in the number of cases accounted for by patients in the 18-19 years age group while there was an increased number of cases in the 16-17 years group.

NEW CASES

			<i>1963</i>		<i>1964</i>	
			<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
0 — 16	...	...	5	11	3	7
16 — 17	...	...	16	30	25	78
18 — 19	...	...	98	115	87	101
Totals	...	...	119	156	115	186

The total number of cases accounted for by teenagers increased from 12·4 per cent. in 1963 to 13·8 per cent. in 1964. The corresponding figure for teenage males was 6·9 per cent. the same as in the previous year.

PENICILLIN SENSITIVITY

As in previous years, the majority of strains of gonococci were highly sensitive to penicillin and no strains were isolated in which the minimum inhibitory concentration of penicillin was greater than 0·25 units. The failure rate with initial penicillin treatment remained just over 5 per cent.

NON-GONOCOCCAL URETHRITIS

There were 855 cases in 1964 compared with 729 cases in the previous year – an increase of 17 per cent. The etiology of this group of diseases remains obscure and it is still impossible to explain why the incidence should continue to increase.

SYPHILIS

1. EARLY INFECTIOUS SYPHILIS

There was a marked increase in the number of patients with early syphilis – 71 compared with 48 in 1963.

NEW CASES						
1963				1964		
			Male	Female		
					Male	Female
Primary ...	...	28	5		44	3
Secondary ...	...	4	7		8	6
Early Latent	...	1	3		7	3

None of the patients was under 20 years of age. 9 males and 4 females were between the ages of 20 and 24 years and the other patients were 25 years of age or more.

Of the cases of early syphilis 29 males were Pakistanis, 18 males were born in the United Kingdom, 2 were Southern Irishmen and, of the remaining 3 patients, one came from the West Indies, 1 from Malta and 1 from North America. 6 of the female patients were born in this country, 2 came from Southern Ireland and 1 from the West Indies.

Of the patients with primary and secondary syphilis 45 patients contracted the disease locally, 6 patients in other parts of the country, 1 patient overseas, while in 9 cases it was impossible to determine with certainty where the disease had been contracted.

2. CONGENITAL SYPHILIS

There were no cases of congenital syphilis discovered in infancy (3 cases in 1963) but 9 cases were found in patients over 15 years of age compared with 3 cases in the previous year.

3. LATE SYPHILIS

A diagnosis of late syphilis was made in 60 cases as against 98 cases in 1963. As in previous years, the majority of these patients were immigrants. As the incidence of late yaws was the same in 1964 as in the previous year it would seem that there has been a real decline in the incidence of late syphilis.

SYPHILIS IN PREGNANCY

Fourteen patients were pregnant when they were found to be suffering from syphilis. Ten of these were immigrants who were suffering from latent syphilis. The remaining patients had early syphilis. Three of these were English, the fourth was a Southern Irishwoman.

CHANCROID, GRANULOMA INGUINALE, LYMPHOGRANULOMA VENEREUM, YAWS.

The incidence of these diseases is shown below. Only in two cases of late yaws was the disease active.

			<i>Chancroid</i>	<i>Granuloma inguinale</i>	<i>Lymphogranuloma venereum</i>	<i>Yaws</i>
1963	—	1	16	51
1964	—	—	1	50

OTHER CONDITIONS

As has been mentioned before, this category includes patients with diseases of the genitalia or lower urinary tract which have to be differentiated from the venereal disease, patients who think they might have contracted venereal disease or who require a certificate of freedom from such disease. There was a slight increase in the number of patients in this category.

		<i>1963</i>	<i>1964</i>
Cases requiring treatment	...	789	797
Not requiring treatment	...	2,527	2,602
		<hr/> 3,316	<hr/> 3,399

PROSTITUTES

The number of men who contracted gonorrhoea from prostitutes (15 per cent.) was about the same as in 1963 (16 per cent.). Even allowing for the possibility that some men might be reluctant to admit to having been with prostitutes it would seem clear that these women play no great part in the spread of gonorrhoea in Birmingham.

The position is very different regarding syphilis. All the Pakistani patients with early syphilis contracted the disease from prostitutes and, in fact, such women were responsible for over 50 per cent. of the early syphilis in males in 1964.

CASE HOLDING AND CONTACT TRACING

Increased efforts at case holding and contact tracing were made possible during the year when the part-time services of an additional health visitor became available, and as a result the position improved slightly as regards case holding. Unfortunately, a large number of patients (at least 25 per cent.) give false names and addresses and consequently much of the health visitors' time is wasted.

Despite much hard work on the part of the clinic staff and the health visitors, contact tracing was no more successful than in 1963. As in that year, most of the contacts brought to the clinic had been infected, or could have been infected, by the patient who brought them and it was very rare for the original source of infection to be identified. This is particularly serious so far as syphilis is concerned as we have been unable to trace any of the prostitutes responsible for the disease in Pakistanis or the promiscuous amateurs who infected the other males.

Contact slips were given to 35 patients with early syphilis. This resulted in the disease being diagnosed in 7 additional patients. Only two of the latter had infected the patient who brought them to the clinic. The other five had been infected by the original patient.

1,147 contact slips were given to patients suffering from gonorrhoea – of the contacts who attended as a result of this 248 had gonorrhoea.

PRESENT POSITION

Gonorrhoea remains very prevalent in Birmingham. Indeed, more individuals contracted the disease than in the previous year. However, the re-infection rate was much lower than in 1963 and there was a substantial reduction in the incidence of the disease in immigrants, particularly in West Indians. This is due probably to restricted immigration but might also indicate that immigrants are becoming more integrated in the community. If this is so, then it can be expected that the incidence of gonorrhoea will continue to decline in these people.

With the incidence of gonorrhoea taking a downward course in immigrants a similar trend might have been expected in people born in this country. On the contrary, the incidence has continued to increase in British females and, for the second year, increased in British males. For the first time in almost ten years men born in this country accounted for more cases of gonorrhoea than men from the West Indies.

This increase in gonorrhoea in men born in this country is not limited to Birmingham but has occurred in most urban areas and is not unexpected in view of the continuous rise in female gonorrhoea in recent years.

So far as teenagers are concerned, the position has remained stationary in males and worsened slightly in females. The most disturbing feature in this age group is the increased number of cases in adolescents aged 16-17. This must surely stress the need for sex education in schools.

As mentioned last year, early infectious syphilis is endemic in Birmingham again. The infection is being spread by prostitutes and a few promiscuous amateurs who are proving difficult to trace and it is probable that the incidence of early syphilis will continue to increase. Late syphilis

is comparatively rare now in the white population and is decreasing in the coloured people. Unfortunately, unless the upward trend in the incidence of early syphilis can be halted, it is certain that late syphilis will begin to increase in incidence in a few years time.

Non-gonococcal urethritis is almost three times as prevalent now as it was ten years ago. Lack of etiological knowledge precludes any attempt at explaining this increase but the position must be viewed with concern as treatment is not very effective and as the number of cases increase so does the number of serious complications.

It would seem certain that none of the other venereal diseases have become established in Birmingham and that with immigration restricted these no longer present any health problems.

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilitic conditions</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
New cases coming under treatment during 1964	General	131	2,178	4,336
	Children's	—	—	13
	TOTALS	131	2,178	4,349
TOTAL number of attendances during 1964	General	3,031	10,363	15,511
	Children's	—	—	13
	TOTALS	3,031	10,363	15,524
Cases discharged after completion of treatment and for observation	General	67	1,858	3,445
	Children's	—	—	—
	TOTALS	67	1,858	3,445
Cases transferred from other centres	General	9	17	2
	Children's	—	—	—
	TOTALS	9	17	2

NEW CASES OF CONGENITAL SYPHILIS, 1964

<i>Name of Hospital</i>	<i>under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>15 years & upwards</i>	<i>TOTAL</i>
General	—	—	—	9	9
Children's	—	—	—	—	—
Total	—	—	—	9	9

NUMBERS OF NEW BIRMINGHAM CASES OF VENEREAL DISEASES TREATED YEAR BY YEAR SINCE 1950

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Cases</i>
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189
1960	112	—	1,559	2,680
1961	157	—	2,091	3,286
1962	137	—	2,099	3,292
1963	114	—	2,018	3,579
1964	109	—	1,943	3,746

Whooping Cough

There were 760 notifications of whooping cough during 1964 as compared with 1,068 for 1963, 319 for 1962, 517 for 1961 and 1,572 for 1960.

Of the cases notified 747 were children under fifteen years of age, 12 per cent. of the cases were under one year of age and 65 per cent. under five years of age.

The notifications reached their peak in the week ending 7th March when thirty were received.

Five children died from whooping cough. One child, aged twenty-three months, died on the 6th May from measles with whooping cough, (see also measles deaths).

Details were as follows:-

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Male	1 month	16.1.64	Baby developed cough on 8.1.64 Admitted to hospital 13.1.64 Older type terrace house, let-in-lodgings. No other cases in house.
Male	13 months	27.1.64	Family consisted of parents and four other children, two of whom had had whooping cough. Large family and difficulty in isolating patients.
Female	2 months	10.3.64	Good house occupied by parents and two children. Brother aged 3½, mother and father, all developed whooping cough early in February, baby's onset was at the end of February. Baby did not respond to treatment and was admitted to hospital.
Male	4 months	14.4.64	Well cared for child, (premature baby) No known contact with any other case.
Male	2 months	26.4.64	Baby taken ill approximately three weeks prior to death. Did not appear to respond to treatment. Death due to whooping cough with convulsions, pulmonary and cerebral oedema, multiple haemorrhages in lungs.

Public Health (Aircraft) Regulations, 1952

Health control of 296 aircraft arriving at Birmingham Airport, Elmdon, during 1964 from outside the "excepted area" was carried out uneventfully.

International Certificates of Vaccination

During 1964 under the International Sanitary Regulations, 1952, International Certificates of Vaccination against Smallpox and Cholera were checked, stamped and countersigned. In recent years, the numbers dealt with were as follows:-

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
2,756	3,089	3,291	4,113	7,587	4,205	4,073	5,207	7,005	30,243*	9,569	11,465,

*increase due to occurrence of smallpox in the country.

Disease	Sex	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 Up	Totals
Anthrax	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Diphtheria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Dysentery	M F	33 33	102 78	54 48	60 49	15 17	17 13	23 29	43 46	15 19	11 12	12 10	3 13	2 1	390 368
Encephalitis Acute Infective ...	M F	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Encephalitis Post Infectious ...	M F	1 —	— —	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 1
Erysipelas	M F	— —	— —	— —	— —	1 —	— —	— —	2 2	4 7	10 8	7 10	3 8	2 4	30 40
Food Poisoning ...	M F	3 —	2 3	5 1	3 5	3 1	7 6	8 7	5 6	6 8	7 8	9 5	18 37	20 48	96 135
Malaria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	1 —
Measles	M F	171 193	1,087 1,035	998 950	1,136 1,042	34 29	7 13	3 6	8 1	1 4	1 3	— 1	— —	— —	3,446 3,277
Meningococcal Infection	M F	5 —	3 —	1 —	— 1	— —	— 1	— —	— —	1 —	— —	— —	— —	— —	10 2
Ophthalmia Neonatorum	M F	164 132	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	164 132
Paratyphoid Fever	M F	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	1 —
Polionyelitis Paralytic	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Polionyelitis Non-paralytic	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Pneumonia	M F	4 2	2 4	6 3	3 5	— 2	3 1	— —	12 5	9 10	14 6	27 12	10 12	5 11	95 73
Puerperal Pyrexia	M F	— —	— —	— —	— —	— —	21 —	45 —	— 60	— 12	— —	— —	— —	— —	— 138
Scarlet Fever	M F	— 4	26 17	62 58	166 157	41 43	9 9	2 —	2 1	— —	1 —	— —	— —	— —	309 289
Smallpox	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Typhoid Fever	M F	— —	— 2	— 1	2 1	3 —	— —	— —	— —	— —	— —	— —	— —	— —	5 4
Whooping Cough ...	M F	45 47	103 97	93 109	113 108	19 13	3 3	2 2	1 —	1 —	— —	— —	— 1	— —	380 380

IMMUNISATION

(SECTIONS 26 and 28 – NATIONAL HEALTH SERVICE ACT, 1946)

During 1964 certain administrative changes were made in this section. Integration of the office work involved with diphtheria, pertussis, tetanus, and poliomyelitis immunisation was carried out. The visiting of schools for immunisation was discontinued in the Autumn of 1963, with the exception of some special schools, as it is now the policy for immunisation of children to be done at the Welfare Centres prior to admission to school. Furthermore, the schedule of immunisation was changed so that no antigens were given before the sixth month so as to obtain a higher level of immunity. A child's immunisation programme begins with protection against poliomyelitis, followed by triple antigen on its completion. The above changes make comparison with the immunisation rates for the previous year impossible. However, it would appear that the general policy of immunisation for the four to five year old age group at Welfare Centres has not been so successful as was hoped, as the following figures show, but it is anticipated that when the administrative changes have become more widely known an upward trend will be forthcoming. As far as the group of children aged 4 to 5 years is concerned, during the year 2,912 reinforcing injections were given either of diphtheria antigen alone or in association with another antigen at the Welfare Centres. The total was 2,933 as a further 21 were given reinforcing protection in the Special Schools. This compares with a total of 3,423 similar injections given in the welfare centres and schools in 1963.

There was no notable new development in poliomyelitis immunisation during the year. The ease of administration of the oral vaccine has resulted, as previously, in a very satisfactory primary vaccination rate among children. Throughout the City 20,313 persons completed primary immunisation either with Sabin (oral) or Salk (injection) vaccine, while 9,735 reinforcing doses were given.

DIPHTHERIA, PERTUSSIS, TETANUS
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE, 1964.

Year of Birth		1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total	Adults
Infant Welfare Centres	DIPH -	—	1	—	2	1	4	2	—	—	1	—	—	—	1	—	—	12	
	DIPH.-TET.	3	86	80	26	40	65	85	15	4	3	—	2	1	2	—	—	412	
	DIPH.-PERTUS.	1	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	6	
	TRIPLE.	809	3,157	461	217	41	—	—	—	—	—	—	—	—	—	—	—	4,685	
	TET.		3	7	37	646	800	297	114	62	34	25	18	8	3	1	1	2,056	7
Day Nurseries	DIPH.																		
	DIPH.-TET.		1	1		3												5	
	DIPH.-PERTUS.																		
	TRIPLE.	6	45	32	8	3												94	
	TET.			3	4	6	2	1					1		3	1		21	2
Institutions	DIPH.							1										1	
	DIPH.-TET.			1			1			1								3	1
	DIPH.-PERTUS.																		
	TRIPLE.	2	5	7	5	2	1											22	
	TET.				6	1	1	1	1			1	2	2	3			18	
Schools	DIPH.																		
	DIPH.-TET.								2	1	2		1	1				7	
	DIPH.-PERTUS.																		
	TRIPLE.																		
	TET.				6	1	1	1	1			2	2	2	3			19	8
Council House	DIPH.																		
	DIPH.-TET.		1		1		1											3	
	DIPH.-PERTUS.																		
	TRIPLE				5													5	
	TET.					1	2	4										7	1
General Practitioners	DIPH.	2	12	4	2	3	1	1	2	—	—	—	—	—	—	—	—	27	2
	DIPH.-TET.	12	64	29	6	6	7	3	1	—	1	—	—	1	1	—	—	131	1
	DIPH.-PERTUS.	27	128	45	26	9	8	4	3	1	1	—	—	—	—	—	—	252	1
	TRIPLE.	2,390	5,180	925	224	62	51	24	16	5	2	8	3	3	2	1	—	8,896	
	TET.	3	12	34	175	108	175	179	174	82	164	197	185	194	192	203	115	2192	3210
Totals	QUAD	98	487	52	10	2	3	—	—	—	—	—	—	1	1	—	2	656	34
	DIPH.	2	13	4	4	4	5	4	2		1	—	—	—	1	—	—	40	2
	DIPH.-TET.	15	152	111	33	49	74	88	18	6	6	—	3	3	3	—	—	561	2
	DIPH.-PERTUS.	28	128	49	27	9	8	4	3	1	1	—	—	—	—	—	—	258	1
	TRIPLE	3,207	8,387	1425	459	108	52	24	16	5	2	8	3	3	2	1	—	13,702	
Grand Total	TET.	3	15	44	228	763	981	483	290	144	198	225	208	206	204	205	116	4,313	3228
	QUAD	98	487	52	10	2	3	—	—	—	—	—	—	1	1	—	2	656	34
Grand Total		3,353	9,182	1685	761	935	1123	603	329	156	208	233	214	213	211	206	118	19,530	3,267
Under 1 year 3,353		1 - 4 years 12,563					5 - 14 years 3,496										15yr 118	Grand Total 22,797	

DIPHTHERIA, PERTUSSIS, TETANUS
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS IN 1964

Year of Birth		1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total	Adults
Infant Welfare Centres	DIPH.					93	223	116	9	3	1	1		1		2		449	
	DIPH.-TET.				1	1172	1424	624	161	36	13	10	8	4	1			3,454	
	DIPH.-PERTUS.																		
	TRIPLE.																		
	TET.		1	3	23	87	572	372	75	34	18	14	13	3	3			1218	9
Day Nurseries	DIPH.						5											5	
	DIPH.-TET.					10	8											18	
	DIPH.-PERTUS.																		
	TRIPLE.																		
	TET.				4	2	7											13	55
Institutions	DIPH.																		
	DIPH.-TET.								1			1	1		1			4	
	DIPH.-PERTUS.																		
	TRIPLE.																		
	TET.																		
Schools	DIPH.						2	1										3	
	DIPH.-TET.					1	18	1	1	1		1	2		2			27	
	DIPH.-PERTUS.																		
	TRIPLE.																		
	TET.							3		2	1		2	1				9	
Council House	DIPH.																		
	DIPH.-TET.					2	5	4	2	1								14	
	DIPH.-PERTUS.																		
	TRIPLE																		
	TET.					1	3	7	1				1	1				14	1
General Practitioners	DIPH.		5	8	10	155	585	141	19	7	5	3	3	1		1		943	3
	DIPH.-TET.		4	11	11	136	452	112	20	8	5	4	1	3				767	
	DIPH.-PERTUS.		1	8		64	240	50	14	2	3	2						384	
	TRIPLE.		74	127	26	320	1061	238	42	6	2	3	6	5	1	3	1	1,915	
	TET.		5	27	41	64	105	85	80	81	83	66	94	95	79	92	53	1050	1407
Total	QUAD		12	50	2	19	55	8	6	1	2	1	1					157	2
	DIPH.		5	8	10	248	815	258	28	10	6	4	3	2	1	2		1,400	3
	DIPH.-TET.		4	11	12	1321	1899	749	185	46	18	16	12	7	4	—	—	4,284	
	DIPH.-PERTUS.		1	8		64	240	50	14	2	3	2	—	—	—	—	—	384	
	TRIPLE.		74	127	26	320	1061	238	42	6	2	3	6	5	1	3	1	1,915	
GRAND TOTALS	TET.		6	30	68	154	687	467	156	117	102	80	110	100	82	92	53	2304	1472
	QUAD		12	50	2	19	55	8	6	1	2	1	1					157	2
			102	234	118	2,126	4,757	1,770	431	182	133	106	132	114	88	97	54	10,444	1477
		0-4 years 2,580					5 - 14 years 7,810										15yr 54		Grand Total 11,921

B.C.G. VACCINATION

				<i>1964</i>	<i>1963</i>
Total number of vaccinations	...	...	...	15,375	12,511
Total number of injections	...	...	...	36,571	29,101

School Children (13 years old)

Vaccination of school children has continued as in previous years, but with one notable change. Sensitivity to tuberculin before vaccination and assessment of conversion rates in vaccinated sample groups is now carried out using the Heaf test instead of the Mantoux test. The former is quick and simple to perform and is carried out by experienced nurses thus saving medical officers' time.

During the year 13,750 children had B.C.G. vaccination in schools, as compared with 11,027 in 1963.

The parents of 18,413 children were approached and of these 16,429 (89.2 per cent.) accepted the skin test and vaccination with B.C.G.

During the period 16,861 thirteen year old children were skin tested. Of these 535 had been previously vaccinated through contact clinics or by special request, either in this city or elsewhere. The remaining 16,326 had not been previously vaccinated. The details of these two groups of children are set out in Tables 1 and 2 (the number skin tested during 1964 is greater than the number who accepted because there is always a 'carry over' from one year to the next).

Table 1 – Children not previously vaccinated.

Number skin tested	...	...	...	...	...	...	16,326
Number positive	...	...	...	...	...	...	1,634
Number doubtful	...	...	...	...	...	...	245
Number who failed to attend for the reading of the test	...	...	...	...	...	...	639
Number negative	...	...	...	...	...	...	13,808
Number vaccinated with B.C.G.	...	...	...	...	...	...	13,750

Fifty-eight children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated at alternative clinics.

Table 2 – Children who had been previously vaccinated.

Number skin tested	...	...	...	...	...	...	535
Number positive	...	...	...	...	...	...	504
Number doubtful	...	...	...	...	...	...	9
Number who failed to attend for reading of the test	...	...	...	...	...	...	14
Number negative	...	...	...	...	...	...	8
Number re-vaccinated with B.C.G.	...	...	...	...	...	...	8

The percentage of positive reactors amongst those not previously vaccinated is slightly more than in recent years:—

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
15.1%	13.5%	13.0%	11.9%	9.4%	8.9%	7.9%	7.5%	8.1%	10.0%

The significance of this cannot be properly estimated because during the year a change was made from Mantoux to Heaf testing.

A sample of children from each school, B.C.G. vaccinated in the previous year, was given a conversion skin test:—

Number skin tested	...	...	...	...	...	1,152
Number of skin tests read	...	...	...	...	...	1,065
Number converted	...	...	...	...	...	1,036=97.3%
Number negative	...	...	...	...	...	29*
Number failed to attend for the reading of test	...	...	...	...	...	87

Two members of staff at schools were skin tested and vaccinated with B.C.G.

- * Two children who gave a negative reaction to conversion test were re-vaccinated at the request of the parents.

School Children X-rayed during 1964

Of the 16,861 children initially skin tested 2,138 were found to give a positive reaction (504 who had been previously vaccinated and 1,634 who had not been previously vaccinated):—

Of these children 1,906 were offered X-ray appointments during 1964, the rest will be given appointments during 1965:—

X-ray appointments offered	...	...	...	...	1,906
Failed to attend	...	...	...	...	174
X-ray during the preceeding 12 months	...	...	...	...	30
Number Abnormal	...	...	...	...	32 (10 were referred to the Chest Clinic).
Number Normal	...	...	...	...	1,670

The children whose parents refused skin testing or vaccination were also offered X-ray:—

Number of refusals	...	...	...	...	1,968
X-ray appointments offered	...	...	...	...	1,714
(The rest will be offered appointments during 1965)					
Number attended	...	...	...	...	983
Number X-rayed during preceeding 12 months	...	...	...	...	30
Number Abnormal	...	...	...	...	9 (3 referred to Chest Clinic)
Number Normal	...	...	...	...	944

The children who were absent from school during the visit of the B.C.G. Team and who did not attend the special clinics arranged during the school holidays were offered X-ray:—

Number of appointments offered	...	...	...	939
Number attended	...	...	...	417
Number X-rayed during preceeding 12 months				7
Number Abnormal	...	...	...	5 (4 referred to Chest Clinic)
Number Normal	...	...	...	405

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable:—

Number of appointments offered	...	...	...	186
Number attended	...	...	...	75
Number X-rayed during preceeding 12 months				8
Number Abnormal	...	...	...	1
Number Normal	...	...	...	66

Notifications in 1964 of Tuberculosis in School Children Previously Mantoux Tested or Vaccinated with B.C.G.

One	who was Mantoux Positive in	1956
One	who „ „ „ „	1957
One	„ „ „ „ „	1959
Three	who were „ „ „	1962
Two	who were „ „ „	1963
Four	„ „ „ „ „	1964
One	who was vaccinated with B.C.G. in	1954
One	„ „ „ „ „ „	1955
One	„ „ „ „ „ „	1959
One	„ „ „ „ „ „	1960

One child whose parents refused Mantoux testing had a normal X-ray on 6.5.64, but was notified as suffering from tuberculosis later in the year.

M.O. One hundred Thirteen

Three Year Follow-up by X-ray of Mantoux Positive Children Mid 1960 – Mid 1961

Appointments given	...	...	...	...	707
Attended	...	...	...	...	318
Normal	...	...	...	...	314
Abnormal	...	...	...	...	4 (one referred to Chest Clinic).

Colleges of Further Education

Due to the small numbers no visits were paid to Colleges of Further Education in 1964. The University arranged to do their own vaccinations. All other students attended the Central Clinics at the Public Health Department:-

Number of students skin tested	...	...	...	15
Number positive ...	...	...	...	7
Number negative	...	...	...	8
Number vaccinated with B.C.G.	...	...	...	8

Contacts, Hospital and Public Health Staffs

Ninety-six Clinics were held during 1964 at the Public Health Department:-

Number of Mantoux tests	...	...	...	1,801
Number positive ...	...	...	...	134
Number doubtful	...	...	...	16
Number who failed to attend for reading of test				74
Number negative	...	...	...	1,577
Number vaccinated with B.C.G.	...	...	...	1,590

Eight Mantoux negative were not vaccinated for various reasons.

The number vaccinated includes 21 babies direct from the Maternity Hospital without preliminary Mantoux testing.

The number vaccinated at the Maternity Hospital was 7.

Conversion tests to check the efficiency of the vaccination are carried out on this group who are at greater risk than the normal population:-

Number of Conversion tests	...	...	...	1,365
Number converted	...	...	...	1,223
Number negative	...	...	...	28 (8 were re-vaccinated)
Number doubtful	...	...	...	17
Number who failed to attend for reading of test				97

Visitors

During the year 25 people visited the Section for the purpose of watching the Clinics. They were doctors from India, Burma, Hong Kong, Malta and Nigeria and tutors and student nurses from the East Birmingham Hospital, Chest Branch.

VACCINATION AGAINST SMALLPOX

Notifications were received of the following **vaccinations by general practitioners** in the City:—

Successful primary vaccination	.....	5,683
Re-vaccinations	.....	2,565

These include vaccinations performed in order to comply with requirements for international travel.

In addition there were 287 persons, all aged 15 years or over, **vaccinated by the staff of the Department**. All these were re-vaccinations. The majority were members of the Public Health Department or Ambulance staff who might be at immediate risk if a case of smallpox occurred in the City. The remainder were persons travelling abroad at short notice who were unable to arrange vaccination by a general practitioner.

The total numbers by age groups vaccinated in Birmingham are shown in the table below:—

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1 – 2</i>	<i>2 – 4</i>	<i>5 – 14</i>	<i>15 and over</i>
No. of primary vaccns.	1,761	2,874	429	131	488
No. of Re-vaccns.	—	10	78	208	2,556

YELLOW FEVER VACCINATION

As in previous years yellow fever vaccination clinics were held on Wednesday afternoons between 2·0 and 3·0 p.m. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge of £1.1.0. is made.

During the year 1,901 persons were vaccinated against yellow fever. Of these, 561 attended from addresses within the City and 1,340 from outside. Vaccination was performed at times other than the normal clinic session for the benefit of 80 people who had to travel at very short notice.

	<i>Under 9 months of age</i>	<i>9 months— 5 years</i>	<i>6 – 21 years</i>	<i>22 – 70 years</i>	<i>Over 70 years</i>
Persons vaccinated	1	150	285	1,437	28

POLIOMYELITIS VACCINATION

ADMINISTRATION OF INACTIVATED VACCINE

<i>Age Group</i>	<i>6 months to 5 years</i>	<i>6 years to 15 years</i>	<i>16 years and over (special groups)</i>	<i>Totals</i>	
				1964	1962
2nd injections					
Public Health Department	8	1	Nil	1,379	33,815
General Practitioners	910	129	331		
3rd injections					
Public Health Department	33	1	Nil		
General Practitioners	732	71	156	993	32,347
4th injections					
Public Health Department	5	Nil	Nil	239	3,000
General Practitioners	137	89	8		

ADMINISTRATION OF LIVE ORAL VACCINE

<i>Age Group</i>	<i>6 months to 5 years</i>	<i>6 years to 15 years</i>	<i>16 years and over (special groups)</i>	<i>Totals</i>	
				1964	1962
3 doses completed					
Public Health Department	10,076	579	251	18,239	47,029
General Practitioners	6,172	335	826		
3rd dose orally after 2 injections					
Public Health Department	31	1	Nil	229	29,457
General Practitioners	146	9	42		
4th dose orally after 2 injections and 3rd oral dose					
Public Health Department	98	12	Nil	180	—
General Practitioners	46	24	Nil		
4th dose orally after 3 injections					
Public Health Department	3,885	1,395	20	7,394	30,530
General Practitioners	977	1,053	64		
4th dose orally after 3 oral doses					
Public Health Department	184	50	Nil	533	—
General Practitioners	234	56	9		

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 9,736 and were made up as follows:—

Samples taken under the Food and Drugs Act, 1955:

Milks	...	...	...	...	...	...	...	2,280
Other Foods	...	...	...	...	...	...	...	2,582
Drugs	...	...	...	...	...	...	...	679
								5,541

Samples of drugs taken under the Birmingham Drug Testing

Scheme	...	...	...	...	...	...	...	412
Miscellaneous samples	...	...	...	...	...	...	...	3,783
								9,736

Food and Drugs Act, 1955

FOOD SAMPLES. During the year, out of a total of 4,862 samples of food 239 or 4·9 per cent. received adverse reports, but of these 191 were genuine milk though of sub-standard quality. Deliberate adulteration, except for the occasional milk sample, continued to be very rare. Faults found in samples of food other than milk were mainly due to deterioration caused by long or incorrect storage and carelessness in preparation. Labelling offences showed a marked reduction on previous years, and this was possibly connected with a report on food labelling issued by the Food Standards Committee during the year (see later).

MILK. Because of the introduction of the Milk Marketing Board's "Payment by Quality" scheme necessitating periodic testing of farmers' milk, samples of churn milk taken under the Act were reduced in number. The total milks examined during the year, namely 2,280, compared with a total of 2,783 taken in 1963. Of the former total, 2,188 came from farmers' churns and 92 were of bottled milk. The average composition of the samples was 8·70 per cent. solids-not-fat and 3·68 per cent. fat, making a total solids content of 12·38 per cent., which is exactly the same as last year and represents reasonably good quality milk. As with all natural products, milk varies considerably in composition, breed of animal being the chief factor directly responsible for the variation. Presumptive minimum limits of quality are laid down by the Sale of Milk Regulations and below these specified limits, 8·5 per cent. solids not-fat and 3·0 per cent. fat, milk is presumed to have been watered or skimmed as the case may be. However, milk "straight from the cow" of quality below these limits is still legally genuine, and the differentiation between this type of milk and adulterated milk is resolved analytically

by the freezing point test, introduced in the early 1930's by Hortvet in the United States. During the year, 15 specimens or 0·7 per cent. were found to be adulterated by watering and one sample, containing only 7·4 per cent. solids-not-fat, had a genuine freezing point and was proved to be from a cow suffering from mastitis. The remaining 190 incorrect milks were shown to be deficient in quality from natural causes.

NOTES ON INCORRECT MILK SAMPLES. Of the 15 samples of watered milk investigated, 12 were from one farmer. The case arose when routine informal sampling of a large ten-churn consignment to a city dairy showed that three churns contained about half a gallon of added water in the ten gallons of milk present. Formal sampling, which followed over a period of three consecutive days, showed much the same sort of pattern and resulted in a Court case, a plea of "Guilty" and a fine of £20. The other three watered milks examined were isolated cases of a minor nature which, on follow up sampling, produced genuine milk.

The distribution of the 190 samples of sub-standard but genuine milk was as follows:—

Samples naturally deficient in S.N.F.* only	...	...	...	79
Samples naturally deficient in fat only	...	...	...	108
Samples naturally deficient in both S.N.F.*and fat	...	...	...	3
				<hr/>
				190
				<hr/>

*Solids not fat

Except in border line cases, farmers supplying such milk were notified by the Medical Officer of Health and usually advised to seek the help of their local Agricultural Advisory Officers.

PESTICIDE RESIDUES. The spraying of fruit and vegetables with pesticide sprays is now fairly common practice and over 80 chemicals are approved for use. Control of the manufacture, sale and use of these substances is carried out in this country by a voluntary system of co-operation between the Government and all concerned. It is a tribute to the scheme that no trace of harmful residue was detected on 40 samples of fresh fruit and vegetables examined during the year, and this is in line with results in other parts of the country.

INCORRECT FOODS. The Bread & Flour Regulations, 1963, require plain flour to contain between 235 and 390 milligrams of chalk per 100 grammes flour. One sample examined showed no chalk present. The dispensing and mixing equipment at the mill was thoroughly overhauled by the company concerned, who also, "as an extra safeguard", stated that they were instituting a routine sampling and testing procedure to check the chalk content of the flour leaving the mill. It is difficult to understand why this had not been done before.

Another sample contained only 175 mg. prepared chalk per 100 g. flour. The millers stated that, despite thorough checking, their working records showed no discrepancies connected with the particular batch of which our sample formed a part, and they could only assume that a temporary blockage had occurred in the chalk feeder and that this had quickly righted itself.

A specimen of pepper compound contained 1.4 per cent. sandy matter whereas a reasonable maximum is 0.5 per cent. The manufacturers promised more stringent analytical control of the final product.

An unofficial but generally accepted standard for the composition of pork sausage is that the meat content shall be at least 65 per cent. and at least half of this shall be lean meat. A specimen examined contained only 25 per cent. lean meat but 38 per cent. fat, i.e. it was deficient of at least $7\frac{1}{2}$ per cent. lean meat and was excessively fatty. The manufacturers suggested that the cause of the trouble was that the so called lean meat used in sausages contains a variable proportion of fat (a typical figure quoted was 9 per cent.) and this caused difficulties in blending of meat for sausages to comply with the standard. A bigger allowance for such variation seemed to be the answer, and the firm promised to bear this in mind.

Another specimen examined during the year contained only 58 per cent. meat. A repeat sample had a content of more than 65 per cent., but in addition contained 500 parts per million of sulphur dioxide preservative whereas the maximum permitted is 450 p.p.m. Inadequate mixing seemed to be the cause of both complaints and the manufacturers promised to observe stricter production control in future.

The label of a sample of canned carrot juice stated that the contents were a source of Vitamin A; the amount present was not declared, however, contrary to the Labelling of Food Order, 1953. New labels printed for the canners omitted all reference to Vitamin A.

A proprietary product consisting of dried skimmed milk with non-milk fat was required to be labelled "NOT TO BE USED FOR BABIES". This was done but the notice appeared on the **bottom** of the carton and would be unobserved by the majority of purchasers. The manufacturers submitted a revised label which was satisfactory in all respects.

A can of a **liquid** milk product, similar to the above in composition, was brown in colour and therefore unacceptable for human consumption. The matter was referred to the Food Inspection Section.

A specimen of tonic water contained only 0.25 grain of quinine sulphate per pint whereas the minimum required is 0.5 grain. Repeat samples were genuine, and it is possible that the deficient sample had been exhibited in the shop window and had deteriorated from the effect of sunlight. This observation was passed on to the vendor for his information.

One of the stated ingredients on a label of prepacked beefburgers was "monosodium glucomate"—obviously a printer's error for "monosodium glutamate". Another listed ingredient was ascorbic acid, presumably added to assist in retaining the fresh red colour of the raw meat present. Hamburgers and beefburgers are "processed" products and therefore exempt from the requirements of the Meat (Treatment) Regulations, 1964, which prohibit the addition of ascorbic acid and certain other chemicals to raw and unprocessed meat. As hamburgers consist of about 80 per cent. raw meat, however, the position as regards the addition of ascorbic acid to them seems anomalous: such addition would appear to be not in keeping with the spirit of the Regulations.

The sale of canned fruit salad and fruit cocktail in this country now approximates to one hundred million lbs. annually. There are no British official standards of composition, but some countries have fairly stringent regulations. Most British canners work to an agreed Code of Practice, and for fruit salad this agrees closely with official United States and Canadian regulations thus:—

<i>FRUIT SALAD</i>		
<i>British Canners</i>		<i>U.S.A. and Canada.</i>
<i>per cent.</i>		<i>per cent.</i>
23-46	Peaches	24-40
19-38	Pears	21-35
15-30	Apricots	18-30
8-16	Pineapple	8-16
5-15	Cherries or Grapes	3-8

Six samples of fruit salad examined during the year received adverse reports for the following reasons: deficiencies of pears (2), peaches (1), no peaches (1), no apricots (2).

Internationally there is agreement that peaches should be present, but some countries do not regard apricots as necessary and this seems to be a very controversial point which is in need of clarification.

Presumably because of dicing difficulties, fruit cocktail does not contain apricots. One sample was reported against, only 4 per cent. pears being present. In another case the contents had the appearance of being overcooked; the grapes present were unpleasantly blemished and no cherries were included, although stated on the can as present. The quality of the fruit generally was so poor as to be unacceptable to the ordinary purchaser. Remaining stock of this article was withdrawn from sale.

Two separate samples of full cream condensed milk of different manufacture had been kept in stock too long with the result that the milk had become brown in colour. In one case the browning was not judged sufficient to render the sample unwholesome, but in the other deterioration had progressed further and the facts were reported to the Food Inspection Department.

An unusual complaint was one concerning a sample of sweetened condensed milk, the sugar of which had crystallised out in a thick layer on the side of the tin. A small number of tins of the same batch remained in stock and these were removed from sale.

A specimen of ground almonds had a stale taste and oil extracted from the sample showed evidence of rancidity (its acid value was 11·0 whereas a reasonable maximum is 5·0). Again, the case was referred to the Food Inspection Department for further action.

Two samples contravened the Preservatives in Food Regulations, 1962. In one case minced steak was found to contain 30 parts per million of sulphur dioxide whereas none is allowed in England (in Scotland up to 450 parts per million is permitted during the summer period of June to September). Upon investigation it was discovered that a sausage preservative powder had been added to the steak in error. In the other case a specimen of essence of rennet was preserved with a little thymol whereas only benzoic acid and methyl or propyl parahydroxybenzoate are permitted to be added. The essence of rennet was found to be old stock made before 1962 when the new regulations came into force.

Of the 30 per cent. of meat present in a specimen of steak and kidney meat pie, one-third consisted of inedible gristle and no kidney was detected. The manufacturers were very concerned and undertook to take up the subject of preparation of the meat most strongly with their suppliers. As regards the kidney, 1 part was included to 8 parts of meat but both ingredients were deliberately cut into rather large pieces for hand filling, which, in this particular case, had not been evenly done. Finer chopping of the meat and kidney is now being carried out.

Another steak and kidney pie contained only 14 per cent. meat instead of a minimum of 25 per cent. The makers were very concerned to hear of this report and stated that their recipe normally gave an average of 29 per cent. meat. They undertook to check the production control most energetically.

A can of irish stew contained only 28 per cent. meat compared with the 35 per cent. recommended. Investigations revealed that the canners had gone out of business. A sample bought as canned "stewed steak" was found to consist of stewed steak with about 20 per cent. gravy. Indeed the can was actually labelled "Stewed Steak with Gravy" but the words "with gravy" were in much smaller print and relatively unnoticeable. The packers undertook to re-label their product with the description in uniform large print.

INCORRECT DRUGS. Of the total of 679 drugs examined, 21 received adverse reports. A sample of cough remedy was found, as stated on the label, to contain strychnine, but the name and address of the seller were not quoted and the vendor was not "an authorised seller of poisons". These facts were reported to the Pharmaceutical Society.

Two specimens of haemorrhoid ointment received adverse reports. In one case the recommended cautionary phrase "Persons who suffer from haemorrhoids are advised to consult a doctor" was missing from the label, and the manufacturers have now supplied to the vendor concerned suitable printed, adhesive slips for the remaining unlabelled samples. In the second case the ointment contained 18 per cent. boric acid. This was judged to present an unnecessary health hazard, in view of the ease with which boric acid is absorbed from mucous surfaces and the untoward effects it could produce after absorption. The makers promised to revise the composition of their product.

An infants' preparation contained, among other ingredients, 0.1 gramme of potassium chlorate per dose—a quite unnecessary health hazard. The composition of the powder is to be revised.

A sample of ammoniated tincture of quinine contained only 0.55 per cent. w/v ammonia (official limits are 0.85–1.05 per cent. w/v). This was found to be due to overlong storage and the remaining stock was withdrawn from sale. Similarly, two associated samples of sal volatile contained only 0.16 per cent. and 0.34 per cent. w/v ammonia (official limit is a minimum of 1.12 per cent. w/v). Again, all remaining stock was removed from sale. There is not a great demand for these two ammonia preparations.

A specimen of compound codeine tablets was found to have a deficiency of aspirin, official limits are between 237.5 and 262.5 mg. per tablet whereas only 230 mg. was found. Remaining stock was withdrawn from sale and replaced by other material from a more reliable firm.

A preparation for repeated use on the hands and skin generally and containing 10 per cent. boric acid was criticised because in our opinion this percentage is unnecessarily high. The official B.P. ointment strength was reduced from 10 per cent. to 1 per cent. in the early 1940's. The manufacturers contended that their product had been in use for over 50 years. Despite this, however, there is virtue in reviewing the formulæ of old established remedies in the light of modern developments from time to time.

The search for a harmless slimming tablet so far represents the triumph of hope over experience, but yet one more attempt to achieve this end was represented by a sample of anti-obesity tablets containing five different laxatives, which the manufacturers claimed would destroy all superfluous tissue and prevent it forming again. The manufacturers stated that the labelling and advertising of their product was to be revised to remove anything that might be misleading.

A rigid bar to public advertising for the treatment of certain diseases such as tuberculosis and cancer is enforceable by law under the

Pharmacy and Medicines Act, 1941, and related enactments. Modern medical opinion also recognises that it is inadvisable for the public to self-treat other diseases and conditions such as kidney diseases, chronic rheumatism, high blood pressure, etc. Most of these illnesses are listed in the British Code of Standards, the fifth edition of which was published in 1962. During the year six samples of kidney pills, consisting largely of urinary antiseptics, were reported as not conforming to this Code. In all cases the manufacturers agreed to revised labelling and, in one case, voluntarily agreed to amend the formula of their product.

Serious deterioration had occurred in a sample of neuritis tablets which were examined. The aspirin present had decomposed to acetic acid and salicylic acid to such an extent that numerous crystals of the latter had formed around each tablet and a strong vinegary smell was noticeable. All remaining stock was destroyed and a much more careful watch upon shelf samples promised for the future.

A specimen of boric acid ointment which should have contained between 0.9 and 1.1 per cent. boric acid was found to contain only 0.75 per cent. A similar fault was found with the same firm some years ago and it seemed likely that this sample was a left over from previous incorrect stock. An exhaustive check of remaining stock gave satisfactory results.

The contents of an informal specimen of a tube of eye ointment were found to contain a foreign metallic particle of approximate size 1.3 mm. long and 0.1 mm. broad. Your Committee decided to prosecute in this instance.

Local Drug Testing Scheme. Samples examined were as follows:—

Retail sources	...	...	...	...	...	...	233
Miscellaneous	...	...	...	...	...	...	110
Samples examined for other organisations	...	...	...	...	...	...	69
							<hr/> 412 <hr/>

Reference was made in the last report to an investigation into the individual drug content of tablets. This was completed during the year and we concluded that there was no real problem worthy of pursuit.

Hospital samples examined were mainly for contract purposes, and it is certain that in the Midland Region quality is never sacrificed to price.

Samples examined from retail sources again demonstrated the first-class quality of drugs used in this City. No serious discrepancies were encountered and small technical faults were suitably dealt with. Although this is largely due to the competence of firms supplying the City, there is also an all round improvement in the quality of drugs manufactured in this country today.

An important investigation was concerned with the incidence and quality of "cheap drugs". During the last five years there have emerged a number of firms who merely import and sell drugs to retail chemists and dispensing doctors, and who may be truly classified as drug merchants. Products examined included tetracycline tablets and capsules, phenylbutazone tablets, tablets and capsules of penicillin V, meprobamate tablets, prednisone tablets, prednisolone tablets, cortisone tablets, tablets and capsules of oxytetracycline, sulphadimidine tablets, hydrocortisone and neomycin ointment, cream and skin lotion, and tetracycline paediatric drops. This was but a fraction of the range of preparations offered—one firm listed some 70 items.

Examinations of samples of tetracycline paediatric drops provided the most serious example of deterioration in an important pharmaceutical preparation encountered by the Birmingham Scheme to date. It is a form of tetracycline designed for administration to babies and very young children and used in a wide variety of acute diseases of bacterial origin. The preparation was declared to contain the equivalent of 100 mg. of tetracycline hydrochloride per ml. and was contained in a 15 ml. dropper bottle. The samples were most unsatisfactory in appearance, showing dark gum-like deposits on the container and agglomerated masses which would not disperse. The date of manufacture was given as December, 1964, and the expiry date December, 1967. The samples were examined in February, 1965, i.e. two months after the stated date of manufacture. They were specially obtained by a pharmacist in the City, at our request, solely for the purpose of analysis. Examination showed that the preparation contained only some 35 mg. per ml. instead of the 100 mg. declared; other samples of this batch from another part of the country indicated only 27 mg. per ml. Finally, samples sent by the firm concerned to their own analyst showed 43 mg. per ml. The deficiencies, therefore, ranged from 57 to 73 per cent. The material was withdrawn from the market.

Miscellaneous Samples. These totalled 3,783 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT

Pasteurised and sterilised milks	...	...	...	1,328
Ice cream and ice lollies	...	...	...	285
Atmospheric pollution...	...	...	...	192
Waters ...	...	...	...	661
Miscellaneous ...	...	...	...	79
				<hr/>
OTHER CORPORATION DEPARTMENTS AND COMMITTEES				...
MISCELLANEOUS PRIVATE SAMPLES				...
				<hr/>
				2,545
				981
				257
				<hr/>
				3,783
				<hr/>

MILK (HEAT-TREATMENT TESTS). Pasteurised milks examined for adequacy of heat-treatment totalled 1,141 of which 888 were from Birmingham and 253 from neighbouring authorities. One sample from Birmingham and two from Sutton Coldfield failed the official test and were probably raw milk; the remainder were satisfactory.

Sterilised milks tested, all with satisfactory results, totalled 187, of which 106 were from Birmingham and 81 from neighbouring authorities.

ICE CREAM AND ICE LOLLIES. Ice cream sold today must be either of the ordinary or dairy types. Both must contain not less than 5 per cent. fat and $7\frac{1}{2}$ per cent. skimmed milk solids, but all the fat of dairy ice cream must be milk fat. The superior status of the latter product is extensively protected by strict labelling requirements for ordinary ice cream. Two hundred and sixty-two samples of ordinary ice cream were examined: five were labelled incorrectly and one contained only 2.7 per cent. fat. All four samples of dairy ice cream tested were satisfactory.

Nineteen specimens of ice lollie were tested for metallic contamination: none was detected in any sample, but one was tainted with calcium chloride from the cooling brine used.

ATMOSPHERIC POLLUTION. On each of eight selected sites in central and suburban Birmingham, devices are located to measure the two main types of pollution: solid sooty matter, derived to no small extent from domestic coal fires; and gaseous sulphur dioxide, a product of combustion of the natural sulphur of coal, coke and oil. Results are passed to the Chief Smoke Inspector for statistical assessment and also to the Director of the Warren Spring Laboratory for national record purposes. The pollution figures will be of value in following the progress of the Birmingham Smoke Control Programme which is being energetically pursued.

WATERS. The Public Health and Water Departments combine in submitting samples of drinking water from various parts of the distribution systems of Birmingham's Elan Valley supply and the Whitacre supply to certain Midland towns. Thus 342 samples were received from the former system and 385 samples from the Whitacre system. In addition, specimens from Birmingham's two reserve wells at Longbridge and Short Heath totalled eight and miscellaneous cellar and borehole waters 121.

In June, Birmingham became the first large local authority in this country to embark on the fluoridation of the City's supply. By the end of the year dosing with silicofluoride had been increased to the full equivalent to one part per million of fluorine. Daily quantitative testing for fluoride is maintained.

MISCELLANEOUS. Certain imported plastic toys came under grave suspicion when it was discovered that they had been coloured with pigment containing large amounts of lead chromate. Typical of the toys

was a plastic set of various coloured rings. The yellow ring was found to contain 2,700 parts per million of lead and 500 parts per million of chromium, and the green ring 74 parts per million of lead and 15 parts per million of chromium. It was found, however, that no lead was extractable by acid or alkali and that the toys therefore did not present a health hazard. Nevertheless the use of such toxic metal compounds in children's toys is to be deprecated and the Government has taken action in the matter. This investigation did lead to a further investigation of children's coloured toys generally and it was discovered that several well known toys of wood and metal were painted with harmful paints. Such paint does constitute a real health hazard since by sucking or chewing children could develop chronic lead poisoning. The Government is bringing in legislation to control the toxic metal content of colours used on toys.

A new feeding bottle sterilent was found to be a mixture of sodium carbonate and chlorinated trisodium phosphate which would have both sterilising and detergent powers. An opened bottle of sterilised milk containing a dead mouse posed interesting questions. It was proved that the mouse could not have been present in the bottle before the normal alkali cleaning and rinsing processes. Black matter in the tip of an ice cream cornet was found to be charred cereal from the cornet mould.

Coloured chewing sweets purchased by boys from a street machine became suspect when the children complained of "burning" of the mouth and face. It was discovered that the blue sweets were possibly the cause of the trouble: they were coloured with ultramarine (a permitted blue dye) which, under the influence of a trace of flavouring citric acid present and moisture from the air, had partially decomposed and produced sulphuretted hydrogen. This was particularly noticed when the sweets were chewed, although the effect could better be described as "unpleasant" rather than "burning".

A particularly tough specimen of sausage skin suspected of being synthetic was examined microscopically and by other tests and shown to be genuine animal casing

OTHER CORPORATION DEPARTMENTS. A wide range of miscellaneous samples was received from various Corporation Departments. For the Central Purchasing Department 99 samples of soaps and synthetic detergents, 19 of soft drinks, two of polishes and three of drugs were examined, usually for contract purposes.

Thirty-six articles of food were received from the Veterinary and Food Inspection Department, most of them with requests for identification of foreign matter. Two samples, however, deserve special mention. They were of pre-packed and prepared raw vegetables, one consisting of chips which contained 20 parts per million of sulphur dioxide preservative and one of carrots containing 15 parts per million. The vegetables had obviously been prepared and then dipped in a solution of preservative. There is an

increasing demand for such vegetables by restaurants, shops, hotels, etc., but the Preservatives in Food Regulations, 1962, wisely permit only potatoes to be so treated, and this rather grudgingly.

Fifty samples of paint and two of glue size were tested for the Housing Management Department and 12 fertilisers and feeding stuffs made from waste products were analysed for the Salvage Department and statutory certificates of composition issued.

PRIVATE INDIVIDUALS AND INSTITUTIONS. Two hundred and fifty-seven samples were received from these sources: as usual, they consisted of a most varied range of foods, drugs and miscellaneous articles, and were chiefly submitted on account of poor quality, suspicion of causing illness or for the identification of foreign matter. The laboratory is accustomed to dealing with some extraordinary substances found in food, but the presence of a rubber heel complete with nails, stuck to a loaf caused a certain raising of eyebrows. Various restaurant meals containing chicken among other things came under suspicion. In one case the chicken bone was unusually large, but expert opinion gave the verdict "genuine chicken of considerable age".

A very large number of organic chemicals are used in the numerous trades and industries of Birmingham and from time to time enquiries are made as to the toxicity of certain of them. One such enquiry concerned a yellow powder used in the rubber industry which proved to be 2 (2, 4 dinitro phenyl thio) benzthiazole. This substance is relatively non-toxic.

FOOD STANDARDS COMMITTEE REPORTS. The most important report published during the year was undoubtedly the Review of Food Labelling which was started in June, 1961. The great increase in the pre-packaging of food, the need for "convenience" foods and the introduction of supermarkets and self-service shops over the last decade have all made labelling an important aspect of consumer protection and a review of the Labelling of Food Order, 1953, imperative. In a lengthy report, no less than 72 recommendations were made, one of the most important being that the size and location of statutory declarations should be controlled. At present the compulsory list of ingredients can be "tucked away" on the back of the packet in an inconspicuous place. The declaration of chemical additives received special attention. As an extension of the report, notice was given of a proposed review of **claims** made on labels and in advertisements for foodstuffs.

In a report of a review of the Colouring Matter in Food Regulations, 1957, the Food Standards Committee recommended, among other things, the withdrawal of six permitted colours, the provisional addition of one colour and prohibition of the colouring of oranges, lemons and citrus fruits generally. The report was somewhat disturbing in that it showed the limitations of our knowledge of the pharmacological action of most of the

synthetic colours now officially permitted in food. In this country we have become too accustomed to coloured food: in the U.S.A. and certain other countries much less colouring is permitted.

Draft regulations for meat pies were issued by the Committee in March, 1964, and followed in the main the official 1963 recommendations, chief of which was a 25 per cent. meat content.

The leaching of chemicals such as antioxidants from food containers, packaging material and printers' inks also received attention in view of the big increase in plastic wrapping material, and a review was commenced in January, 1964. At present there are no regulations controlling specifically the composition of packaging materials.

In February, 1964, the Food Standards Committee issued a statement on meat tenderisers stating that they could see no hazard to human health from the consumption of meat tenderised by the pre-slaughter injection of papain. The Committee also considered the question as to whether its use on meat is deceptive to the consumer and advised that, providing meat so treated is labelled the practice is unobjectionable.

During the year, because of the increasing importance of additives in food manufacture generally, the sub-committee dealing with these substances was made a committee in its own right and named the Food Additives and Contaminants Committee.

NEW LEGISLATION. The Mineral Oil in Food Order, 1949-1955, has been revoked and replaced by the Mineral Hydrocarbons in Food Regulations, 1964, a comprehensive Statute governing the use; accidental or otherwise, of such substances as liquid paraffin, white oil, petroleum jelly, hard paraffin and microcrystalline wax in foods generally and particularly in citrus fruit, sweets, chewing gum, cheese rind and the shells of eggs. Hydrocarbon products are generally undesirable as ingredients of food, and only the complete absence of a suitable alternative can justify their use. It is rather disturbing to note therefore that the new regulations increase the scope of this practice.

TUBERCULOSIS

Notifications

The number of new notifications of tuberculosis increased in 1964 to 742, compared with 725 in 1963; the notification rate also rose slightly from 0.65 to 0.67 per 1,000.

This small increase was shown by both males and females in non-respiratory forms of tuberculosis and by females in respiratory tuberculosis. There was a very small decrease in the total number of notifications of males with respiratory tuberculosis. Further information about the pattern of change is given below, but the main reason for the increase is the rise in the number of notifications of immigrants; for those born in the British Isles the number of notifications fell from 526 to 498, whilst for all other groups combined the number of notifications increased from 199 to 244.

RESPIRATORY TUBERCULOSIS

The number of notifications of respiratory tuberculosis increased by eight to 633. Notifications of males greatly outnumbered those of females, 459 compared with 174.

In children of both sexes, the number of notifications increased, and this is largely due to children born in this country of immigrant parents. No exact record is kept of this group, but it is apparent from the children's ward at the Chest Branch of the East Birmingham Hospital that a relatively high proportion of children with tuberculosis are of immigrant parentage.

One of the most satisfactory features of the notification figures in recent years is the consistently low level of notifications in the 15-19 years age group - nine males and eight females. In the past, this was an age-group with very high notification rates, and the present low levels are due mainly to the large scale use of B.C.G. vaccination in children before they leave school, and also to the fact that this is below the age at which extensive immigration occurs.

From age 20-44, the number of notifications in males is greatly swollen by tuberculosis in immigrants: 220 males in this age range were notified in the year, of whom only 62 were born in England, Scotland and Wales, and 26 in Ireland, but 111 in Asia and 21 elsewhere. In these age-groups, there has been no fall in notifications in recent years, the downward trend in the native born being more than offset by the steadily increasing notification of immigrants.

Amongst the older age-groups there are comparatively few immigrants, and the notifications here are showing a slight tendency to fall, though only slowly.

NON-RESPIRATORY TUBERCULOSIS

The number of notifications increased by five males, to 69, and by four females, to 40. The great majority of these notifications also occurred within the age-group 20-44 years - 45 of the males and 18 of the females. A high proportion of these non-respiratory cases are of tuberculous glands, to which the Asian immigrant appears particularly liable. The more serious disseminated and meningitic forms of the disease remain uncommon, with seven notifications.

TUBERCULOSIS IN IMMIGRANTS

Comment has already been made on the numerically important part that tuberculosis in immigrants now plays in the City*. Details of the birth-place groups are given in Table 8; the most striking feature is the very large number of notifications in those born in Pakistan, 132, with a further 56 born in India and 13 in other parts of Asia. It is also noteworthy that the number of notifications in West Indians remains small, only 15 in the year.

Control of the number of cases of tuberculosis in immigrants cannot be achieved satisfactorily by any measures that can be taken within the City. The exact proportion of cases of tuberculosis in immigrants due to individuals entering this country already with tuberculosis is not known, but that such cases do occur is shown by the following case history:

Married female, aged 21 years; entered United Kingdom from Pakistan in January, 1964: seen at Chest Clinic in mid-March, 1964, with haemoptysis. Gave a history of previous treatment for tuberculosis in Pakistan. Chest x-ray showed limited bilateral tuberculosis; sputum yielded tubercle bacilli resistant to Streptomycin, P.A.S. and Isoniazid. She was sharing a household with a relative who had recently had a baby. Patient was admitted to hospital and found to be in the early stages of pregnancy; remained in hospital under treatment until normal delivery in November, 1964, and finally discharged in January, 1965, on continued treatment at home.

Such cases, if not detected early, may be responsible for several further cases amongst their fellow-immigrants, and firmer control measures at or before the time of entry to the country are essential if the situation is to be kept within bounds.

*For a more detailed study concerning the period 1960-62, see: Springett, V. H. (1964) *Lancet*, *I*, 1091.

BACTERIAL DRUG RESISTANCE

Information concerning the incidence and prevalence of organisms resistant to the action of the commonly used anti-tuberculous drugs becomes of increasing public health importance.

The following table shows the main features of the position with regard to drug resistance.

	<i>Number of patients first found to be excreting drug-resistant bacilli</i>		<i>Number of patients continuing to excrete drug-resistant bacilli for more than 1 year</i>
	<i>On diagnosis</i>	<i>During or after treatment</i>	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41

The information has been collected on a research basis since 1956*, but can be given only to the end of 1963 because of the delay of up to three months from the end of the year before the final results of all the bacteriological tests are available. This information will therefore have to be recorded one year in arrears.

The main features to note are as follows: the number resistant to one or more of the three main drugs (Isoniazid, Streptomycin, Para-aminosalicylic Acid) is a small proportion of the newly-notified cases; even more important, there is no suggestion that the number of such cases is showing any regular increase but, if anything, a fall.

The number of new discoveries of drug resistance in patients previously treated is rather greater, but still small in relation to the total number of patients, again it shows no consistent tendency to increase, and is perhaps tending to decline.

*For details see:

Thomas, H. E. (1963) *Tubercle*, Lond., *44*, 27

From the public health aspect, the most important index is the number of patients with drug resistant organisms remaining sputum-positive at any time. In 1963, there were known to be 41 such patients, and this was less than in 1962 or earlier years. Every effort is made to treat such patients in hospital until they are non-infectious, and the trend of these figures does suggest that infection with drug resistant bacilli is not at present a major problem in the City.

Mortality

The downward trend of deaths in the last 15 years was resumed in 1964, after the slight rise in 1963. Deaths in 1964 numbered 65, a fall of 19 compared with 1963, and by far the lowest total of deaths recorded for the City. The death rate also fell to a new low level of 0.06 per 1,000 per year.

RESPIRATORY TUBERCULOSIS

The majority of deaths were from this form of the disease, a total of 61, 14 less than in the previous year. Most of these deaths occurred in the older group of males; 41 were of men over 44 years of age.

The correct attribution of these deaths becomes increasingly difficult; many deaths of this age-group are a combination of bronchitis, circulatory failure and old fibrosis due to controlled tuberculosis*. Some part in the recorded reduction in tuberculosis deaths may be in fact due to rather stricter classification; that this is so is further suggested by the substantial decline in deaths attributed to tuberculosis in those over age 65 years, with much smaller changes at age 45-64 years.

NON-RESPIRATORY TUBERCULOSIS

There were four deaths from non-respiratory forms; one two-year-old child of Indian parentage, born in a neighbouring borough and only recently resident in Birmingham, died from tuberculous meningitis. Another death was of an Asian immigrant in this country for 2½ years, who was taken ill within 12 hours of moving to his brother's house in Birmingham; he was admitted to hospital with a diagnosis of tuberculous peritonitis. He subsequently developed intestinal obstruction and died; his death is, therefore, attributed to intestinal obstruction due to tuberculous peritonitis. The remaining two non-respiratory deaths of British-born individuals were notified as tuberculous only after death; one was a male aged 40 years whose death was certified as due to cardiac failure and tuberculosis of the pancreas, the other a woman of 70 years who died of tuberculous peritonitis and portal cirrhosis.

*For further details see:

Morrison Smith, J. (1962) *Mid. med. Rev.*, 2, 166.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

There was mention of tuberculosis on the death certificates of 36 persons who died in the year, and who had not been notified as suffering from tuberculosis. For 31 of these no formal notification was received even after death. In 20 of the 36, tuberculosis was not recorded as the main cause of death, leaving 16 deaths attributed to tuberculosis for whom no notification had been received prior to death.

Tuberculosis Health Visitors

For most of the year, there were nine tuberculosis health visitors in post, falling to eight at the end of the year. The emphasis of their duties was considerably altered from the beginning of 1964 to obtain the most useful results from their reduced numbers, and to take into account the greatly changed situation in tuberculosis. Tuberculosis health visitors' duties have in the past been based on intensive investigation of the home environment and much contact tracing on diagnosis, together with long-continued follow-up of the patient and family because of long-term breakdown. The effectiveness of modern chemotherapy has rendered late breakdown uncommon, and almost unknown in the really co-operative patient. The importance of initial environmental assessment and contact tracing remains.

The duties of tuberculosis health visitors were accordingly revised to facilitate the widest possible search amongst contacts in the family and friends, even if not resident in the same household. Regular, approximately monthly visits to the household were maintained whilst the patient remained on chemotherapy, to encourage him to persist regularly with treatment. Further visits were made during the year after treatment ceased, but routine visits to the household ceased one year after completion of chemotherapy. Patients were, of course, kept under medical supervision at the Chest Clinic for much longer periods, but visits to the patient's home were not made if he was attending regularly. Each patient defaulting on medical supervision, required further calls by the tuberculosis health visitor to find the reason for default, and to encourage a return to supervision.

In carrying out these duties, the visitors made a total of 721 first visits to patients' homes, dealing with 2,931 contacts: follow-up visits totalled 20,549. A further 1,553 visits were made to the homes of children found to give large reactions to tuberculin when tested under the schools B.C.G. scheme, to arrange x-ray examination of home contacts in an attempt to find sources of infection.

During the year, 2,081 contacts were x-rayed at the Chest Clinic, and a further 1,780 were x-rayed at the Chest Radiology Centre.

The number of patients needing help with beds and nursing utensils, free milk issues and grants under Tippet's Bequest declined during the year, the numbers being given below:

Issues of beds, bedding and nursing materials	...	...	...	36
Food grants (free milk)	...	...	...	711
Grants of clothing, etc. (Tippet's Bequest)	...	...	...	27
Disinfections	...	...	...	13

Rehousing

Assistance with rehousing is given partly by recommending an allocation of points under the normal rehousing scheme, and also by recommendations for rehousing from the special quota for tuberculous families. The number of applications and of families rehoused shows a steady downward trend as tuberculosis declines.

Applications for help with rehousing because of tuberculosis were considered for 353 families during the year. For 247 of these, a recommendation for additional points was made, and 75 were rehoused in this way. Another 87 families were recommended for rehousing under the quota scheme, and 65 of these were rehoused during the year. A total of 140 families was therefore rehoused during the year, compared with 201 in 1963.

Rehabilitation

To an ever-increasing extent, patients are returning to their original work after treatment, or experience little difficulty in obtaining work through normal channels, the number requiring help is therefore falling steadily. Only 39 patients were seen by the Disablement Resettlement Officer during the year, although a further 117 were helped by written reports on their capability for work. There was one new admission to the Remploi factory, but eight patients left and two died during the year. At the end of 1964, there were 50 patients at the Remploi factory because of past tuberculosis, although only 16 were restricted to the special annexe because of possible risk of infection to others.

Nineteen patients completed courses at the Industrial Rehabilitation Unit during the year, with two still there at the end of the year. Three of these patients went on to courses at Government Training Centres. Three patients completed courses at Government Training Centres during the year; two were still attending courses, and one was awaiting admission to a course.

TABLE 1

TUBERCULOSIS—ALL FORMS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1964

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	1,309	1.65
1911—1920 („)	—	—	1,284	1.46
1921—1930 („)	1,824	1.91	1,031	1.08
1931—1940 („)	1,284	1.24	888	0.85
1941—1945 („)	1,258	1.29	793	0.82
1946—1950 („)	1,308	1.21	660	0.61
1951—1955 („)	1,321	1.18	292	0.26
1956	1,136	1.02	161	0.15
1957	973	0.88	145	0.13
1958	1,039	0.95	143	0.13
1959	793	0.73	104	0.10
1960	870	0.80	88	0.08
1961	809	0.73	82	0.07
1962	757	0.68	80	0.07
1963	725	0.65	84	0.08
1964	742	0.67	65	0.06

TABLE 2

RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1964

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Populations</i>
1901—1910 (average)	—	—	993	1.25
1911—1920 („)	—	—	1,059	1.20
1921—1930 („)	1,533	1.61	892	0.94
1931—1940 („)	1,082	1.05	793	0.76
1941—1945 („)	1,096	1.13	712	0.73
1946—1950 („)	1,151	1.07	608	0.56
1951—1955 („)	1,183	1.06	272	0.24
1956	1,029	0.93	150	0.14
1957	844	0.77	134	0.12
1958	926	0.85	137	0.13
1959	704	0.64	96	0.09
1960	778	0.71	79	0.07
1961	705	0.64	76	0.07
1962	671	0.60	74	0.07
1963	625	0.56	75	0.07
1964	633	0.57	61	0.06

TABLE 3

NON-RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1964

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Population</i>
1901—1910 (average)	—	—	317	0·40
1911—1920 („)	—	—	224	0·26
1921—1930 („)	290	0·31	139	0·14
1931—1940 („)	202	0·19	90	0·09
1941—1945 („)	162	0·16	81	0·09
1946—1950 („)	157	0·15	52	0·05
1951—1955 („)	139	0·12	20	0·02
1956	107	0·10	11	0·01
1957	129	0·12	11	0·01
1958	113	0·10	6	0·01
1959	89	0·08	8	0·01
1960	92	0·08	9	0·01
1961	104	0·09	6	0·01
1962	86	0·08	6	0·01
1963	100	0·09	9	0·00
1964	109	0·10	4	0·00

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP

<i>Age Group Years</i>	<i>Males</i>					<i>Females</i>				
	<i>1953/55 (Mean)</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1962/64 (Mean)</i>	<i>1953/55 (Mean)</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1962/64 (Mean)</i>
0—4	39	26	21	31	26	32	32	14	25	24
5—9	34	22	16	21	20	36	10	12	18	13
10—14	29	11	13	14	13	29	14	14	11	13
15—19	64	12	16	9	12	75	6	13	8	9
20—24	64	31	47	54	44	73	27	16	20	21
25—34	114	91	98	92	93	112	41	33	26	34
35—44	101	72	79	74	75	53	20	26	24	23
45—54	112	88	70	72	77	30	13	17	15	15
55—64	92	82	66	56	68	23	14	10	16	13
65+	34	41	36	38	38	14	18	8	11	12
All Ages	683	476	462	459	466	477	195	163	174	177

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS
BY SEX AND AGE GROUP

Age Group Years	Males					Females				
	1953/55	1962	1963	1964	1962/64	1953/55	1962	1963	1964	1962/64
	(Mean)				(Mean)	(Mean)				(Mean)
0-4	5	2	3	2	2	8	1	3	0	1
5-9	12	0	3	5	3	7	2	1	3	2
10-14	5	4	1	2	2	7	1	5	3	3
15-19	6	2	2	2	2	10	2	2	5	3
20-24	9	4	10	7	7	11	2	3	4	3
25-34	14	17	24	26	23	15	8	5	8	7
35-44	3	13	17	12	14	6	7	7	6	7
45-54	5	9	3	6	6	4	4	3	3	3
55-64	2	3	1	3	2	2	3	4	1	3
65+	2	1	0	4	2	2	1	3	7	4
All Ages	63	55	64	69	63	72	31	36	40	36

TABLE 6

NOTIFICATION OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF
DISEASE (ALL AGES, BOTH SEXES)

Disseminated	...	...	...	...	...	...	...	...	4
Meningitis	...	...	...	...	...	...	...	...	3
Bones, joints and spine	...	...	...	...	...	...	...	...	5
Abdomen	...	...	...	...	...	...	...	...	30
Other organs, including glands	...	...	...	...	...	...	...	...	67
TOTAL	...	...	...	...	...	...	...	...	109

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE
GROUP

Age Group Years						Males	Females
0-4	...	...	...	...	...	0	0
5-14	...	...	...	...	...	0	0
15-24	...	...	...	...	...	0	0
25-44	...	...	...	...	...	7	4
45-64	...	...	...	...	...	26	7
65+	...	...	...	...	...	15	2
ALL AGES	...	...	...	...	...	48	13

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM
TUBERCULOSIS IN BIRMINGHAM

		1956	1957	1958	1959	1960	1961	1962	1963	1964
<i>British Isles</i>										
England	...	886	660	706	546	550	513	455	411	394
Scotland	...	19	12	9	7	13	12	14	12	9
Wales	...	20	18	16	17	13	9	10	22	12
Ireland	...	132	128	153	90	124	97	91	81	83
<i>Rest of Europe</i>	...	13	12	13	7	9	8	9	6	8
<i>Asia</i>										
India	...	26	29	31	22	21	17	26	39	56
Pakistan	...	19	33	60	59	91	90	109	111	132
Others	...	6	12	16	10	1	12	6	14	13
		(All Aden)								
<i>Africa</i>	...	4	4	4	1	2	4	3	5	4
<i>America</i>										
West Indies		9	12	12	14	27	25	20	11	15
Others	...	1	2	3	0	1	0	0	1	1
<i>Not Known</i>	...	1	51	16	20	18	22	14	12	12
TOTALS	...	1,136	973	1,039	793	870	809	757	725	742

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22 – NATIONAL HEALTH SERVICE ACT, 1946)

DAY NURSERIES

On 1st January, 1964, there were 955 places in 20 day nurseries distributed throughout the City and the number remained unchanged throughout the year. No change was made in the order of priorities, and fees remained unchanged.

The demand for nursery places steadily increased in all areas and each day nursery had a large waiting list. In the middle and inner ring wards, the number of children on the priority waiting lists increased considerably and even with nurseries on the periphery of the City there were priorities awaiting admission, an unprecedented occurrence.

Due to alterations to Monument Road welfare centre to accommodate clinics of the School Health Service, a new nursery will eventually be built on a redeveloped site to the rear of the present building. In 1965 the day nursery sited on the first floor of this welfare centre will be moved to the Carnegie building at Hockley. When the new Monument Road day nursery has been built it is hoped to retain part of the Carnegie Welfare Centre Building as a day nursery. This should to some extent relieve the long waiting lists for priority cases in the inner ring of the City.

The Ministry inspectors visited the following nurseries during the year – Tyburn Road, Coventry Road, Crossfield Road, Moseley Road, Bournbrook Road, Kingstanding Road, Camden Street and Farm Street. All received satisfactory reports and will continue to be recognised for training nursery students.

Handicapped Children

Practically all day nurseries have admitted handicapped children. Most have admitted one child, some two. It is found that more than two of these children would require additional staff and possibly disrupt the smooth running of the nursery. The experiment has proved well worth while as the children have responded to care and stimulation. They were readily accepted by the other children and the staff found them interesting. A case history of a fairly typical admission is given below:—

A severely mentally retarded female child, aged three years, was admitted in February, 1964 on application by the Mental Health Section. A home visit was made by the matron before admission to see if she was suitable for nursery care. The child was the second of three children, the other two being normal, and spent most of her time at home lying on a rug, banging her head or crying and biting her hand. When this behaviour became too much for the mother she was placed in the cot and her hands tied to the cot sides. On admission the child was pale, not communicating, unresponsive, unable to sit up unaided, and was still being fed with a bottle. The over-anxious

mother was frightened to give her solids as she had choked on repeated trials. Much thought was given to the age group into which the child should be placed. On placing her with the 0-1 year group the babies climbed over her and put their fingers in her mouth, and generally aggravated her condition. She disturbed the 1-2 year olds by her habits, her incessant crying and banging of her head. They were, however, most anxious to make contact with her and would give her toys to play with but would also smack her when she did not respond. It was finally found that she was happy with the 2-5 year olds; these children were most interested in her condition, asked many questions, and the boys became both protective and kind. Playthings were shared, and after a few days she settled happily. After three weeks of special care, patience and perseverance on the part of the staff she began to take solids and drank her milk from a cup. Within a matter of a few further weeks she had joined a group and was being fed alternatively by a nurse and the children. She now sat up unaided and would take her afternoon rest.

Her mother became pregnant, and in August, 1964 was admitted to a convalescent home taking her mentally handicapped child with her. The child was away for eight weeks and quickly reverted to her former self. On readmission to the nursery the staff had to begin again their intensive care. By December she had improved immensely, was able to use the toilet, stand at the wash basin, wash her hands and managed to move around the floor. She appeared most happy when playing with sand and water; she looked well and recognised members of staff and other children. At first her condition was very apparent when one walked into the nursery, but now her appearance is more normal and the unacquainted would need to be told of her previous history. Now she attempts to walk fairly successfully and her mother takes her out saying that "my daughter now looks normal".

Mongol children, on admission, are wild and destructive, but improve on the whole quite quickly. Spastic children respond well, especially with a variety of play material. Thalidomide defect twins, with very shortened and rudimentary upper limbs on which were some fingers, were admitted. On admission they were very adept with their feet and never wore shoes. After a few weeks they were using their upper limbs, such as they were, and fingers and were able to do most things for themselves, only requiring help at the toilet.

Courses and Study Days

One nursery matron attended the Annual Conference of the National Association of Nursery Matrons, and six nursery matrons attended refresher courses arranged by the Midland Branch of the Royal College of Nursing.

Monthly Study Afternoons

Staff numbering 297 attended these courses which covered a wide range of subjects of interest to nursery nurses.

Nurseries and Child Minders Regulation Act, 1948

The number of persons and premises registered under this Act increased considerably, and the number of places for children more than doubled in 1964. The figures given in the tables following are not a true indication of the volume of work carried out by this section, as routine and special visits are an important part of the duties. A part-time worker was appointed in May to carry out some of these duties, and in all she paid 630 visits in the latter six months of the year.

Routine visits are necessary to maintain standards of daily minders. Special visits have to be paid to new applicants, to investigate complaints about registered daily minders and to enquire into those suspected of daily minding without being registered. There were 368 such visits in 1964, compared with 87 in 1963. Of these 368, 62 were to minders already registered. Of the remaining 306, nine were found to be fostering children, 167 were advised their applications would be put forward favourably, and 130 were found to be unsuitable. Of the latter, 98 were immigrants for the most part living in multi-occupied houses. This group living in bad conditions are a problem as standards of safety, hygiene and child care are below what is required.

Two applicants appealed against the decisions of the Health Committee about the conditions imposed on their daily minding and attended a meeting of the Committee – one against the decision in respect of staff, and the other against the rejection of her application. The original decisions were upheld. A prosecution was successful against a daily minder, who was fined £5 on two counts of having 17 and 20 children in her charge respectively on two occasions, and not being registered for that number.

The Act is difficult to administer and many take advantage of this. Were it not for the vigilance maintained by all the social workers of the Department and their notification of unregistered daily minding, there is no doubt, that in some parts of the City conditions would revert to those of the mid-Victorian era of baby farming.

	<i>Persons</i>		<i>Premises</i>	
	<i>Number</i>	<i>Places</i>	<i>Number</i>	<i>Places</i>
	<i>Registered</i>		<i>Registered</i>	
As at 1.1.64	109	487	19	426
New applications ...	133	667	15	304
Applications for registration of additional places	6	11	1	10
Resignations	31	132	—	—
Registrations cancelled	—	—	—	—
As at 31.12.64	211	1,033	34	740

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	<i>0—1</i> <i>year</i>	<i>1—2</i> <i>years</i>	<i>2—5</i> <i>years</i>	<i>Total</i>	<i>Average daily attendances</i>
1st January, 1964	133	234	556	923	710·1 in 1963
31st December, 1964	136	227	593	956	747·1 in 1964

(2) ANALYSIS OF CHILDREN ON REGISTERS

GROUP 1. Children whose mothers are the main or sole support of the home or children whose mothers are ill, etc.

Unmarried mothers	...	...	...	...	...	422
Widows	...	...	...	...	...	19
Women separated from husbands			...	...	...	209
Husbands in prison	...	...	...	...	...	9
Husbands sick or disabled	...	...	...	...	...	17
Mother's long term illness	...	...	...	...	...	29
Mother's short term illness		...	...	...	...	14
Mother's confinement	...	...	...	...	...	2
Mother dead	...	...	...	...	...	9
Mother's desertion	...	...	...	...	...	18
						<hr/> 748
						<hr/> 748

GROUP 2. Children requiring admission for reasons of health or normal development, etc.

National Service, deaf or blind parents, financial difficulties, etc.	...	...	...	...	...	4
Housing	...	...	...	...	...	—
Problem families	...	...	...	...	...	4
Handicapped children	...	...	...	...	...	19
Children failing to progress normally		...	...	...	...	7
						<hr/> 34
						<hr/> 34

GROUP 3. Non-priority cases	...	...	...	...	167	167
Out-of-City cases	...	...	...	...	7	7
					<hr/> TOTAL	<hr/> 956

NUMBER OF CHILDREN ON WAITING LISTS

	<i>0—1</i> <i>year</i>	<i>1—2</i> <i>years</i>	<i>2—5</i> <i>years</i>	<i>Total</i>
1st January, 1964				
Priority	...	57	64	49
Non-priority	...	56	95	104
31st December, 1964				
Priority	...	137	138	165
Non-priority	...	129	189	250

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,538. A further 168 were delivered to out-of-City unmarried mothers. The proportion of illegitimate live births was 105·33 per 1,000 live births as compared with 104·08 in 1963 – the smallest percentage increase since 1957, yet a record number of illegitimate births and a record illegitimate birth rate. The trends since 1957 are illustrated in the table that follows. With regard to mothers seeking advice at the Department, the number of unmarried mothers having more than one illegitimate baby has increased from 597 in 1963 to 623, and the number of married women having illegitimate babies from 81 to 121. In the latter category the tragedy to the child of being illegitimate is usually not so great, as the union between the mother and her husband is often stable; consequently the child has the support of both parents even though it is outside the marriage.

<i>Year</i>	(1) <i>Proportion of live illegitimate births per 1,000 live births</i>	(2) <i>Death rate of illegitimate infants</i>	(3) <i>Mothers interviewed at Public Health Department</i>	
			<i>Mothers with one illegitimate baby</i>	<i>Mothers with more than one illegitimate baby</i>
1957	64·70	33·80	476	202
1958	64·70	39·30	517	284
1959	67·80	42·52	540	266
1960	76·77	30·11	664	386
1961	89·23	28·02	762	598
1962	102·30	31·65	856	731
1963	104·08	35·71	764	597
1964	105·33	29·26	666	623

During 1964, there were 1,410 applicants to the Department compared with 1,549 in 1963 and 1,727 in 1962. This fall in numbers, coupled with the decrease in unmarried mothers in their first pregnancy seeking advice, is attributed to the fact that the parents of the young unmarried mother are being more concerned with their daughter's welfare, give her support and are generally not so bitter and hostile towards her as formerly. Despite the fall in numbers the work of the section has increased because those who come may require help and continued support as they are not mentally adequate to deal with the situation.

The number of immigrants who applied for help during 1964 was 404, compared with 618 in 1963 and 776 in 1962. Of the immigrants in 1964, ten were pregnant on arrival in the City.

At the beginning of the year the pressure on mother and baby homes was heavy and the problem of finding accommodation was extreme. To meet this crisis permission was given by the Health Committee to advertise for suitable people who would receive these girls into their homes for the usual period and on adequate payment for this service. Thirty people responded but suitable arrangements could only be made with five. It was felt that the type of girl who would benefit was the more educated; however these mothers refused this type of accommodation and preferred mother and baby homes. Other girls were not suitable because of their mental instability or because of a prison background. Indeed many were of the temperament that would not suit most families. The complex problem of trying to place the right girl with the right family took considerable time, and many who had offered homes became impatient, lost interest or took in other lodgers.

There was a further difficulty during the year when there was a delay in adoption of babies of some of the girls at various homes, some indeed remaining many weeks after the six weeks post-natal period had expired. This often led to troubles and tensions at the homes especially if one baby were placed earlier than another. It was felt that the sooner the unmarried mother returned to work after the six week period the better, as often the longer the girl remained unemployed the less likely was she to return to work. In many instances the employer held her position vacant for six weeks but no longer. This difficulty was met by finding temporary foster mothers, with the unmarried mother paying the boarding fees. Again, further problems arose when a child was finally turned down for adoption or the foster mother felt she had had the baby too long and wished it to be removed – the girl had no option but to keep her child and accommodation had to be found. These disappointments often embittered the girl and found expression in restlessness and aggression when the girl was placed in lodgings. In fact most of these girls moved from accommodation to accommodation on an average, five times a year, and the social worker was responsible for finding her new lodgings. The solution of this problem perhaps would be in the provision of a hostel with bed-sitter suites for the unmarried mother and her baby. These would have to be within easy distance of places of employment and day nurseries, and at a reasonable rent. There is hope that a voluntary body will enter into a scheme such as this on a small scale, and this venture will be regarded with interest.

Since 1958 the following numbers of girls, aged 16 and under, came to the Department for help:–

1958	...	...	...	...	33	1962	...	...	...	...	120
1959	...	...	...	...	66	1963	...	...	...	...	123
1960	...	...	...	...	39	1964	...	...	...	...	138
1961	...	...	...	...	110						

The number of unmarried mothers is growing relatively and absolutely, so also is the number of girls who are having babies at 16 years or younger. The number of marriages in the 16 year age group is rising. Religions which by their teachings were to some degree a deterrent to pre-marital and extra marital intercourse, have declined in their influence. Pride is taken in the new freedom of discussion about sex. The Victorian era, with its illogical barriers and hypercritical attitudes, is condemned without giving thought to replacing them with codes of behaviour and disciplines. It seems to be generally understood in these islands that immorality means sexual immorality, and that moral behaviour means continence. Perhaps if moral behaviour were sought by all in its true context, the more wayward adolescents could then believe in codes and disciplines.

Beechcroft Mother and Baby Home

Capacity — Eighteen mothers and fourteen babies.

The home is the responsibility of the Health Committee and is non-denominational.

During 1964, ninety-eight mothers were admitted and ninety-eight discharged. The general health of babies and mothers was exceptionally good and there was no outbreak of infection with the exception of colds.

During the year 37 babies were placed for adoption — 29 by the Children's Department, seven by third party placing and one through a religious adoption society. Six mothers married and their babies were legitimatised; 23 babies went home with their mothers and a further seven went to foster homes. Two mothers obtained residential posts and took their babies with them, and two babies were admitted to the Children's Department residential nurseries. Two mothers who were unhappy absconded, one leaving her mongol child behind. A further seven mothers were discharged before their babies were born.

Education classes in sewing, cookery and soft toy making were held throughout the year but it was difficult to hold the interest of the girls, probably because their own particular problems were too pressing.

On the whole, despite their circumstances, the girls were happy and many who were discharged have written or called to see matron; in fact one girl wrote to say that "they were the happiest days of her life".

Denominational Homes

Our gratitude is expressed to the proprietors, matrons and nursing staff of these homes as their help is so valuable with this problem. In all, 139 City unmarried mothers were accommodated at these homes.

MATERNITY AND CHILD WELFARE CENTRES

The total number of welfare centres, including Nechells Green Health Centre, remained at 52. The subsidiary clinics continued weekly at Elmwood Congregational Church school room, Handsworth Wood, and fortnightly at Culmington Hall tenants' room, Longbridge. A third subsidiary clinic to meet the growing demands of an increasing population was opened in August at St. Augustine's Church Hall, Edgbaston.

At all the welfare centres the number of sessions, including antenatal clinics, at which a medical officer was available for consultation, totalled 5,518 compared with 5,687 in 1963. There were 1,282 health visitors' advisory clinics as compared with 1,217 in 1963. During the year a total of 405 children living outside the City attended local authority clinics and 181 attended the general practitioners' clinics held at welfare centres.

There were 66 parents' evening meetings held at welfare centres and 1,858 attendances were made — an average of 28 per meeting.

Mothercraft classes were taken by health visitors at the following hospital antenatal clinics — Birmingham Maternity, Queen Elizabeth, Selly Oak, Dudley Road and Lordswood.

Facilities at welfare centres were made available to the Regional Hospital Board, to other departments of the Corporation and to voluntary organisations. Consultants from Hollymoor Hospital held two weekly psychiatric out-patient clinics at Greet centre. The Welfare Department held 164 sessions of occupational therapy for handicapped persons; of these, 98 were at Erdington, 42 at Northfield and 24 at Stirchley. In June the classes at the latter centre were moved to larger premises. In addition, Lancaster Street centre commenced in September a fortnightly session for the examination of registered blind persons. A probation officer report centre was held weekly at Wentworth Road — 46 sessions in all. Education Department speech therapy sessions at Kingstanding and Lea Hall centres totalled 202. The Birmingham Council for Old People continued to hold their day centre at Stirchley totalling 166 sessions, opened a new day centre at Acocks Green totalling 18 sessions, and in November an old people's dinner club at Farm Road.

The Family Planning Association expanded their sub-clinics in welfare centres and commenced weekly sessions at Trinity Road in April, Balsall Heath in June, Farm Road in July and an additional weekly session at Treafoord Lane in June. A total of 208 sessions was held during the year at these centres including 49 at Carnegie. The Womens' Voluntary Service continued their weekly mother and baby clubs at Carnegie, Erdington, Highfield Lane, Kings Heath, Maypole and Yardley Wood, and their weekly Darby and Joan club at Farm Road. The Birmingham Association for the Sheltered Employment of the Elderly continued to use accommodation provided at Small Heath and Bromford.

Play groups for pre-school children were opened during the year at Handsworth, Highfield Lane and Maypole where the approach for this service was made by the mothers on the area. At Wentworth Road and Mapledene centres, play groups were founded by health visitors who then formed a managing and advising committee of the mothers concerned. They were successful in finding trained teachers to continue running the groups which now have a considerable waiting list. Referrals have been made by general practitioners and clinic medical officers in addition to health visitors. The twice weekly sessions provided one attendance per week for each of two groups of 20 children. It is found that children who attend a play group settle in primary schools with few emotional disturbances. Mothers appear to benefit from the companionship and show a flair for organisation that such a group entails. We are indebted to these ladies for their voluntary effort.

A weekly play group for mentally handicapped children was started at Farm Road centre in July by the health visitors assisted by the voluntary help of mothers on the area. This has developed along nursery group lines, offering experiences and stimuli which the children would not otherwise receive. Improvement has been noted in all children who attended regularly. The Birmingham Society for Mentally Handicapped Children commenced a special care unit at Yardley Wood centre in October. Thirteen children aged from two to six years attended weekly.

Physical activity classes for the elderly were taken by health visitors weekly at Quinton Lane, Carnegie and Greet centres and fortnightly at Nechells Green Health centre. A total of 2,171 attendances were made by elderly people at these classes of gentle exercises, dancing to music, and discussions on health topics. The physiotherapist visited the classes every six or eight weeks to introduce new exercises.

The Treaford Club for old age pensioners, membership 74, met weekly at Treaford Lane centre. There was a wide range of activities organised, including outings and concerts and a Christmas concert staged by Sladefield Road school children. The club continued to be self-supporting thanks to three voluntary workers who gave loyal service.

Nechells Green Health Centre

Eight general practitioners, comprising six practices, have their surgeries in this centre.

At the local authority clinics 711 individual children made 3,251 attendances at consultation clinics and 25 expectant mothers made 77 attendances at antenatal clinics. General practitioners referred 743 expectant mothers to the antenatal clinics for blood tests. At the midwives' antenatal clinics 457 mothers made 1,453 attendances.

During the year twice weekly clinics for well babies were staffed on a rota system by the general practitioners at the centre. Three hundred and ninety-five individual children made 1,761 attendances and 755 attendances were made for the purpose of immunisation.

As part of the observation register scheme, the psychiatric consultants from Chelmsley Hospital commenced a monthly clinic in May for mentally subnormal children to which referrals may be made from all over the City.

These premises enable the two branches of the domiciliary medical services to work together for the good of the general public. The continued helpful co-operation from this group of general practitioners has been much appreciated by the health visitors.

This centre attracted 629 visitors from many parts of the world during 1964.

Work at Local Authority Clinics

(1) Antenatal Clinics:

The number of mothers who attended clinics staffed by our medical officers was 508 compared with 785 during 1963. At these clinics the number of blood samples taken from general practitioners' antenatal patients was 4,734 compared with 4,357 in 1963.

(2) Relaxation Classes:

Classes were held at 44 centres. Three part-time physiotherapists were employed for a total of 13 weekly sessions. The majority of the classes were taken by midwives and health visitors. Two thousand three hundred and six expectant mothers made 11,595 attendances at these classes.

(3) Postnatal Examinations:

Primary postnatal examinations totalled 148 and 31 re-examinations were made.

(4) Appointment Clinics:

Special appointment clinics for the medical examination of young children over the age of one year were continued.

(5) Special Consultation Clinics at Carnegie Centre:

Fortnightly sessions were held by Dr. B. S. B. Wood, Consultant Paediatrician, who saw 127 children during 23 sessions. These children were referred by clinic medical officers or from the adoption clinic, on account of difficulties requiring specialist advice.

The adoption clinic continued to function in conjunction with the Children's Department and 293 children were examined during 91 sessions.

The x-ray clinic held 48 sessions and a total of 207 attendances were made. In September the x-ray examination of children was transferred to Dudley Road Hospital as an economy. The local health visitor attended the hospital weekly in order to check the mantoux reactions of the children to be x-rayed.

(6) Orthoptic Screening at Welfare Centres:

Orthoptic screening of children whose ages ranged from seven months to six years was commenced in July. Four weekly sessions were carried out by two orthoptists and an overall coverage of the 52 welfare centres commenced. Up to the 31st December 1964, 104 cases of hitherto undetected squint had been found as a result of the rapid screening examination. Two cases of congenital lachrymal obstruction and two of congenital cataract were found, as well as other conditions.

Referrals were made to the consultant ophthalmologist at Selly Oak Hospital or the ophthalmic department of other City hospitals, via the child's general practitioner. We are indebted to the Selly Oak Group Management Committee for allowing us to share their two experienced orthoptists.

(7) Sewing Classes:

Sewing classes were held weekly at 40 centres and twice weekly at two centres. A total of 13,634 attendances was made. One third of the classes were closed during the Summer term for reasons of economy.

(8) Health Talks:

Mothers made 3,643 attendances at health talks given during clinic sessions in addition to 11,458 attendances at mothercraft classes held in conjunction with relaxation classes and 1,858 attendances at parents' evening meetings. During the year 9,365 individual interviews outside normal clinic sessions were given by health visitors at their centres.

(9) Chiropody Treatment:

Expectant mothers made 563 attendances and children made 57 attendances during 114 treatment sessions provided by two part-time chiropodists.

(10) Voluntary Assistance at Welfare Centres:

The Department is grateful to the ladies who have given voluntary assistance to a number of welfare centres during 1964.

LOCAL AUTHORITY CLINICS:

The fall in antenatal attendances continues at separate and combined clinics as it is the policy to encourage expectant mothers to attend at general practitioner clinics. Children's attendances increased at all clinics and there was an increase of 65 health visitors' advisory clinics. The health visitors' advisory clinic is now a most valued contribution to child welfare services.

GENERAL PRACTITIONER CLINICS:

Antenatal attendances increased by 1,689 — an increase of 336 individual mothers attending.

Their has apparently been a fall in the number of individual children attending — however, there have been many more attendances. The most likely explanation is that the pressure of work is so great at these clinics, and there is a greater field of activity, that the health visitor may find it difficult to record each new individual making an attendance.

Audiology Clinic and Hearing Tests

Screening tests for deafness by health visitors at welfare centres or in the homes of children were considerably increased in 1964 resulting in 9,967 children “at risk” or suspected of a hearing defect being tested. Of these, 100 were referred to the audiology clinic for further investigation. In addition, ten cases were referred by other local authorities, ten by the Children’s Department and four from City day nurseries. The waiting list during the year varied from a week to two months.

A disturbing feature of the work has been the increasing reluctance of parents to make the effort either to come to the clinic initially or return with the child for training sessions. There are many who attend conscientiously, often at great inconvenience to themselves. However, there is a surprising lack of co-operation on the part of some parents, probably because a hearing loss is not so dramatic or as evident as other handicaps. Perhaps, too, parents are not so willing to believe a child has a hearing loss as the child learns to recognise the mother’s intent through facial expressions or by other means of communication. It is difficult to explain high tone deafness to anyone without a basic understanding of physics, so that a parent cannot understand the handicap under which the child may labour in later life with his garbled speech and difficulties in learning.

We are fortunate in having the co-operation of Miss North and Mr. Shorrock, the Head Teachers of Braidwood and Longwill Schools for the Deaf, respectively, together with Miss Hall, the Sister-in-Charge of the School Health Service Ear, Nose and Throat Clinic, who attend each session and to whom we are grateful for solving many liaison and administrative problems. The assistant administrative medical officer in charge and two of the four specially trained health visitors attend at each audiology session.

Any child suspected of impaired hearing or other aural defect is referred to Mr. Norman Crabtree, the Ear, Nose and Throat Surgeon. We express thanks for his co-operation at the School Health Service Clinic and at his Hearing Centre at the Children’s Hospital. If the opinion of a paediatrician is necessary Dr. B. S. B. Wood sees the child at a special consultation clinic at Carnegie Institute.

As far as possible each facet of the child’s physical and emotional health is considered so that the best possible plans, both remedial and educational, are adopted for its future.

Audiology Clinic

Children on the register on 1st January, 1964	...	...	...	95
Children on the register on 31st December, 1964	...	...	...	72
comprising —				
Children from 1963 under supervision on 31st December, 1964	...			18
New children from 1964 under supervision or training on 31st December, 1964	...	...	...	54
New children from Birmingham Local Authority seen for testing in 1964	...	...	...	114
Disposal —				
Discharged as having normal hearing	...	...	...	13
Taken for training during 1964	...	...	...	11
(includes 4 discharged from, 6 receiving and one refusing training)				
Children from 1964 under supervision	...	...	...	48
Children from 1964 under supervision of School Health Service	...			23
Children from 1964 under supervision of Children's Hospital	...			19
Children from 1963 discharged during 1964	...	...	...	77
Children from 1963 receiving training	...	...	...	—
Children from 1963 under supervision	...	...	...	18

Child Welfare Clinics

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD WELFARE CLINICS

Year	0-12 months	1 year	2 years	3 years	4 years
1962 ...	63.5	52.4	26.6	19.3	14.6
1963 ...	62.9	50.5	25.2	18.1	13.8
1964 ...	64.3	53.2	27.3	18.1	13.2

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

Children who made:	0-12 months			1 year			2-5 years		
	1962	1963	1964	1962	1963	1964	1962	1963	1964
1-5 attendances	63.1	64.5	64.9	70.3	73.3	71.7	96.9	97.3	96.4
6 or more attendances	36.9	35.5	35.1	29.7	26.7	28.3	3.1	2.7	3.6

(3)

CHILDREN'S CONSULTATION CLINICS (BIRTH TO 5 YEARS)

Number of Clinics held:

(1) With doctor attending	...	...	...	...	...	3,127
(2) Without doctor attending	...	...	...	...	...	1,282
New children attending	...	...	...	...	...	14,381
Total attendances	...	...	...	...	...	116,138
Average attendance per clinic	...	...	...	...	...	26.3
Total examined by doctor	...	...	...	...	...	40,523
Average seen by doctor per consultation clinic	...	...	...	...	...	12.9

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS—CHILDREN ATTENDING

Number of combined clinics	...	...	...	...	...	2,391
New children attending	...	...	...	...	...	3,661
Total attendances	...	...	...	...	...	35,255
Average attendance per clinic	...	...	...	...	...	14.7
Total seen by doctor	...	...	...	...	...	22,157
Average seen by doctor per combined clinic	...	...	...	...	...	9.2

(In addition the average number of expectant mothers examined at these clinics was 1.3, and the number of blood specimens obtained from general practitioners' cases was 3,612, an average of 1.5 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Welfare Centres :*

(i) Individual children attending General Practitioners' Clinics only:

Under 1 year	294	} 953
1 year	...	...	301
2—5 years	...	...	358

Frequency of attendance:

	0 - 12 months		1 year		2 - 5 years	
	No. who attended	% of G.P. clinic attenders	No. who attended	% of G.P. clinic attenders	No. who attended	% of G.P. clinic attenders
Individual children who made 1 - 5 attendances	294	57.3	301	64.9	358	92.9
6 or more attendances	219	42.7	163	35.1	27	7.1
TOTALS ...	513	100.0	464	100.0	385	100.0

(ii) Individual children attending both General Practitioners' Clinics and Local Authority Clinics:

under 1 year	311	} 784
1 year	...	...	308
2—5 years	...	...	165

Frequency of attendance :

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	189	60·7	173	56·1	148	89·6
6 or more attendances ...	122	39·3	135	43·9	17	10·4
Totals	311	100·0	308	100·0	165	100·0

Total attendances:

Under 1 year	8,194	} 10,891
1 year ...	...	1,579
2—5 years ...	...	1,027
over 5 years ...	...	91

Examined by general practitioners	...	...	...	6,781
Seen by health visitors only	...	...	...	4,110
Attendances for immunisation including 2,024 poliomyelitis vaccinations	...	...	...	5,364
Attendances at health talks given by health visitors	...	...	...	4,752

(b) *At General Practitioners' Surgeries :*

Total attendances:

under 1 year	...	5,248	} 7,038
1 year	...	814	
2—5 years	...	795	
over 5 years	...	181	

Examined by general practitioners	...	...	...	4,144
Seen by health visitors only	...	...	...	2,894
Attendances for immunisation including 1,796 poliomyelitis vaccinations	...	...	...	4,533
Attendances at health talks given by health visitors	...	...	...	6,582

(6)

HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered either during the course of home visiting or at clinics.

<i>Category of Defects</i>									<i>No. of Cases</i>
<i>a.</i>	Totally blind	...	...	...	...	...	...	...	5
<i>b.</i>	Partially sighted	...	...	...	...	...	...	...	26
<i>c.</i>	Totally deaf	...	...	...	...	...	...	...	7
<i>d.</i>	Partially deaf	...	...	...	...	...	...	...	22
<i>e.</i>	Educationally subnormal (mentally backward)							...	104
<i>f.</i>	Epileptic	...	...	...	...	...	...	...	12
<i>g.</i>	Maladjusted (emotional instability or psychological disturbance)							...	1
<i>h.</i>	Physically handicapped	...	...	...	...	...	...	...	81
	Spastic condition	...	...	...	...	...	...	...	27
<i>i.</i>	Defective speech (not due to deafness)				...	...	...	...	31
<i>j.</i>	Delicate	...	...	...	...	...	...	...	165
(Diabetes 5; Tuberculosis 43; Haemophilia 1; Asthma 36; Congenital Heart Disease 29; Coeliac Disease 4; Other disorders 47).									
<i>k.</i>	No. of children with a combination of defects (included above)							...	41

(7) INCIDENCE OF ASTHMA

<i>Year of Birth</i>			<i>No. of children reported during</i>
			1964
1958	...	...	1
1959	...	...	6
1960	...	...	12
1961	...	...	10
1962	...	...	7
TOTAL			36

SUMMARY OF ATTENDANCES AT WELFARE CENTRES

<i>Clinic Attendances</i>	1963	1964	<i>Increase</i>	<i>Decrease</i>
INDIVIDUAL CHILDREN WHO ATTENDED CENTRES:-				
Percentage of visiting children 0-12 months	62.9%	64.3%	1.4%	—
who attended centres 1 year	50.5%	53.2%	2.7%	—
2 years	25.2%	27.3%	2.1%	—
3 years	18.1%	18.1%	—	—
4 years	13.8%	13.2%	—	0.6%
FREQUENCY OF ATTENDANCE IN AGE GROUPS				
(a) 1-5 attendances 0-12 months	64.5%	64.9%	0.4%	—
1 year	73.3%	71.7%	—	1.6%
2-5 years	97.3%	96.4%	—	0.9%
(b) 6 or more attendances 0-12 months	35.5%	35.1%	—	0.4%
1 year	26.7%	28.2%	1.5%	—
2-5 years	2.7%	3.6%	0.9%	—
Children's consultation clinics				
Number held 1. With doctor	3,267	3,127	—	140
2. Without doctor	1,217	1,282	65	—
New children attending	14,382	14,381	—	1
Total attendances	110,965	116,138	5,173	—
Average attendance per clinic	24.7	26.3	1,891	—
Total examined by doctor	42,414	40,523	—	1.6
Average seen by doctor per clinic	12.9	12.9	—	—
Children referred elsewhere	250	642	392	—
Antenatal and children's combined clinics				
<i>Children attending:-</i>				
Number held	2,241	2,391	150	—
New children attending	3,166	3,661	495	—
Total attendances	30,828	35,255	4,427	—
Average attendance per clinic	13.7	14.7	1.0	—
Total number seen by doctor	20,994	22,157	1,163	—
Average seen by doctor per clinic	9	9.2	0.2	—
Children referred elsewhere	136	253	117	—
Infant welfare clinics with general practitioners				
Individual children attending 0-12 months	547	294	—	253
1 year	418	301	—	117
2-5 years	365	358	—	7
Total attendances	8,274	10,891	2,617	—
Examined by general practitioners	5,713	6,781	1,068	—
Seen by health visitors only	2,561	4,110	1,549	—
Attendances for immunisation	3,976	5,364	1,388	—
Attendances at health talks given by health visitors	4,249	4,752	503	—
Attendances for remedial exercises				
Individual children attending	95	93	—	2
Total attendances	891	2,012	1,121	—
Hearing Tests				
	7,456	9,967	2,511	—
Antenatal and Postnatal Clinics				
<i>(a) Local Authority:-</i>				
1. No. of separate clinics with medical officers present	179	110	—	69
New expectant mothers attending	129	49	—	80
Total attendances	877	243	—	634
2. Combined with Children (M.O. present)				
New expectant mothers registered	486	459	—	27
Total attendances	3,320	3,064	—	256
Total individual mothers attending both types of clinics	785	508	—	277

SUMMARY OF ATTENDANCES AT WELFARE CENTRES (CONT.)

<i>Clinic Attendances</i>	1963	1964	<i>Increase</i>	<i>Decrease</i>
3. Antenatal clinics with midwives only	542	697	155	—
New expectant mothers	1,741	2,301	560	—
Total attendances	6,608	7,748	1,140	—
4. Primary postnatal examinations ...	166	148	—	18
Total post natal examinations ...	190	179	—	11
5. Mothers attending for blood test only	4,357	4,734	377	—
<i>(b) General Practitioner Clinics at Welfare Centres :—</i>				
<i>Antenatal</i>				
Total examinations of mothers ...	11,419	13,108	1,689	—
New mothers registered	1,776	2,112	336	—
Rhesus tests	931	1,031	100	—
Wassermann reaction tests	780	846	66	—
Haemoglobin tests	1,217	1,443	226	—
<i>Postnatal</i>				
Primary postnatal examinations ...	931	949	18	—
Re-examinations	119	156	37	—
<i>Relaxation Classes</i>				
Individual mothers attending	2,000	2,306	306	—
Sessions held (relaxation only)	1,761	1,773	12	—
Sessions held (combined with Rem. Ex.) ...	158	199	41	—
Total attendances	10,469	11,595	1,126	—
Attendances at associated mothercraft classes	9,933	11,458	1,525	—
<i>Chiropody Clinics for Antenatal Cases</i>				
Total sessions held	124	114	—	10
Total attendances	673	563	—	110
Average No. of patients called per session ...	8	8	—	—
Average No. of attendances per session ...	5	6	1	—

Care of the Unmarried Mother

<i>(1) Arrangements for new cases in 1964.</i>	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
Number interviewed at Public Health Department (not all requiring further help)	666	623	121
<i>Accommodated in Mother and Baby Homes</i>			
Beechcroft	66	23	9
Francis Way	22	—	—
Woodville	29	1	1
Lyncroft House	32	—	—
The Grange	47	—	—
Sunnyside	9	—	2
<i>Accommodated elsewhere</i>			
Homes out of City	2	—	—
Own home entirely	10	—	—
Own home except for confinement ...	370	297	77
Left City before confinement	24	—	—
Total	611	321	89

(2) *Situation at the end of the year.*

Antenatal cases :				No. of cases	
(a)	In homes awaiting delivery	...	...	...	56
(b)	In own home awaiting delivery	...	...	...	333
Postnatal cases :					
(a)	Miscarriages	...	...	...	9
(b)	Babies stillborn	...	...	...	2
(c)	Babies died	...	...	...	7
(d)	Babies adopted	...	...	...	153
(e)	Babies with foster mothers	...	...	...	26
(f)	Babies in residential nurseries	...	...	...	9
(g)	Mothers at home with their babies	...	...	...	502
(h)	Mothers married	...	...	...	109
(i)	Mothers living with putative fathers	...	...	...	138
(j)	Mothers and babies having left the City	...	...	...	65
(k)	Mother died	...	...	...	1
					(not associated with pregnancy)
Total				1410	

(3) *Work of Administrative Staff*

Home visits paid re unmarried mothers	...	...	...	...	926
Mothers visited in hospital	...	...	...	...	10
Office interviews — applications	...	...	...	...	1,410
Office interviews — other than applications	...	...	...	...	808
Office interviews re V.D.	...	...	...	...	1

(4) *Age grouping of applicants*

13 years	...	...	...	1	19 years	...	...	...	156
14 years	...	...	...	15	20 — 25 years	...	...	...	562
15 years	...	...	...	26	26 — 30 years	...	...	...	160
16 years	...	...	...	96	31 — 35 years	...	...	...	89
17 years	...	...	...	123	36 years and over	...	...	...	40
18 years	...	...	...	142					
Total									1,410

(5) *Multiparae (excluding married women)*

1st child died (including stillbirth and miscarriage)	...	...	...	...	18
„ „ in residential nursery	...	...	...	...	12
„ „ adopted	...	...	...	...	15
„ „ in care of relatives	...	...	...	...	121
„ „ fostered	...	...	...	...	4
„ „ with mother	...	...	...	...	143
„ „ adopted by relatives	...	...	...	...	3
Total					316

Of these 316 cases, 96 are known to be living with the putative father and 21 married to the putative father.

One hundred and fifty-four were para two, 85 para three, 36 para four, 20 para five and 21 were para six and over.

(6) *Married women assisted—marital details :*

Separated from husband	...	...	...	...	...	...	...	96
Divorced	...	...	...	...	...	...	...	13
Widowed	...	...	...	...	...	...	...	5
Living with husband	...	...	...	...	...	...	...	7
								<hr/>
								Total 121
								<hr/>

Of these :

Baby died	...	...	...	...	...	...	...	1
Mother at home with baby	...	...	...	...	...	...	...	71
Baby adopted	...	...	...	...	...	...	...	14
Baby fostered	...	...	...	...	...	...	...	1
Mother antenatal	...	...	...	...	...	...	...	32
Mother left the City	...	...	...	...	...	...	...	2
								<hr/>
								Total 121
								<hr/>

(7) *Nationality*

(a) *Nationality of applicants :*

British	...	...	...	...	...	...	...	...	811
Irish	...	...	...	...	...	...	...	...	168
West Indian	...	...	...	...	...	...	...	...	404
European	...	...	...	...	...	...	...	...	27
								<hr/>	
								Total	1,410
									<hr/>

(b) *Nationality of Putative Fathers :*

English	...	...	...	...	...	...	...	633
West Indian	...	...	...	...	...	...	...	446
Irish	...	...	...	...	...	...	...	220
Mediterranean countries	...	...	...	...	...	...	...	37
Pakistani	...	...	...	...	...	...	...	29
Indian	...	...	...	...	...	...	...	14
African	...	...	...	...	...	...	...	6
Hungarian	...	...	...	...	...	...	...	6
Other nationalities	...	...	...	...	...	...	...	19
								<hr/>	
								Total	1,410
									<hr/>

DENTAL TREATMENT

The most important event in the dental sphere in Birmingham during 1964 was undoubtedly the putting into effect of the decision to adjust the level of fluoride in the drinking water to one part per million. The addition of fluoride was commenced on 4th June, and reached its desired concentration of one part per million on 4th December. This will benefit greatly the child population of the City, and its effects will be seen first of all in pre-school children, since the maximum benefit is obtained when the fluoridated water is drunk during the time of formation of the teeth. It is emphasised however, that fluoride, though a very valuable and potent weapon in the fight against dental decay, is still only one of several weapons and, if all practicable improvement is to be attained, then all the other means of preventing dental disease need to be continued and strengthened. These will include the reduction of the amount of refined sugar and starch eaten, particularly between meals, and the regular cleaning of teeth either by eating apples, raw carrots or similar substances, and the proper use of a tooth brush.

The work in connection with children with rampant caries has continued and is being developed. This is still largely concentrated on the one weekly session at Lancaster Street. A considerable amount of very interesting information has now been accumulated which will prove useful in the future.

As mentioned elsewhere, a second dental auxiliary took up her duties with the Maternity and Child Welfare Dental Service in November. The work carried out by these young ladies for pre-school children continues to be impressive. Their acceptance by patients and their parents has been excellent and it seems that they have a very useful part to play in this aspect of dentistry.

Visits by a dental surgeon to welfare centres to inspect the teeth of children have continued. Where circumstances permitted, a start was made on calling all children at the age of three, in the districts served by the welfare centres concerned, for dental inspection. A letter was sent to parents drawing attention to the need for dental treatment and the benefits of early examination and advice. It was suggested that they should take the opportunity of seeing the dentist at the local welfare centre, or should make their own arrangements with a dental surgeon of their choice. As a result a total of 1,292 children and 5 mothers were seen at 60 sessions, an average of 21.5 attendances per session.

During the year the Health Department was requested by the Ministry of Health to take part in a survey which was intended to throw light on some of the factors concerned in dental decay in three year old

children, particularly the possible effects of vitamin syrups if taken without dilution with water. Other areas taking part were Northumberland and Middlesex and it is hoped that in due course the results will be made available.

Mechanical work in connection with the supply of dentures was undertaken by two outside dental laboratories. Facilities for taking dental X-rays continued to be centred at Lancaster Street.

Statistics

Table I

					<i>Mothers</i>	<i>Children</i>
Number of examinations :—	...	...	...	...
(a) at dental clinics	...	...	...	...	2,804	7,588
(b) at welfare centres	...	...	...	...	5	726
Courses of treatment required	...	...	...	...	2,653	5,352
Courses of treatment completed	...	...	...	...	1,554	3,934
Number of administrations of general anaesthetics					1,171	2,146
Number of extractions with general anaesthetics	...				5,777	5,279
Number of extractions with local anaesthetics	...				1,197	12
Number of fillings inserted :—						
(a) by dental officers	...	...	...	...	2,466	4,238
(b) by dental auxiliaries	...	...	...	...		640
Number of scalings :—						
(a) by dental officers	...	...	...	...	295	
(b) by hygienist	...	...	...	...	434	
Number of teeth treated with silver nitrate	...				40	4,420
Number of radiographs	...	...	...	...	95	9
Number of mothers fitted with dentures	...				866	
Number of dentures supplied	...	...	...	...	1,502	
Total attendances :—	...	...	...	...
(a) at dental clinics	...	...	...	...	9,902	13,254
(b) at welfare centres	...	...	...	...	5	726

The amount of treatment undertaken for mothers continued to decline slowly. As a result the work of the Section is becoming more and more devoted to the treatment of children and their teeth. The number of extractions continues to fall year by year and, in the case of children, was in 1964 outnumbered by teeth conserved by fillings and silver nitrate, in the ratio of 1·76 to 1. The total number of sessions worked by dental officers was 2,528 plus a further 246 by dental auxiliaries. This compares with 2,549 sessions by dental officers and 51 by dental auxiliaries in 1963.

The number of sessions held at various clinics in a typical week was as follows:—

Table II

<i>Dental Clinic</i>	<i>End of 1963</i>	<i>End of 1964</i>			
	TOTAL	<i>Dental Officer</i>	<i>Dental Auxiliary</i>	<i>Dental Hygienist</i>	TOTAL
Lancaster Street ...	15	11	5	4	20
Carnegie ...	11	8	—	3	11
Treafoord Lane ...	14	13	3	—	16
Northfield ...	7	5	—	—	5
Kingstanding ...	3	3	—	—	3
Quinton Lane ...	2	1	—	—	1
Farm Road ...	14	9	5	3	17
Nechells Green ...	6	4	2	—	6
TOTAL SESSIONS PER WEEK ...	72	54	15	10	79

In addition the School Dental Service continued to make use of the dental clinics at Nechells Green and Northfield.

Professional Staff

During 1964 one dental officer already employed on a sessional basis was appointed to a whole-time post. In addition to this, one part-time dental officer was appointed, and two resigned. The net result of these changes was a loss of three sessions per week.

In November, 1964 a second dental auxiliary was appointed to work entirely in the Maternity and Child Welfare Dental Service.

Accommodation

During the year under review there has been no change in the number or extent of the dental clinics in use.

Dental Health Education

The appointment of two dental auxiliaries and a dental hygienist has enabled greater attention to be given to this very important subject.

Dental health education in the dental clinics has been extended and every effort has been made to see that mothers bringing children for extractions have had the benefit of a short talk on means of reducing similar trouble in the future.

The routine work of dental health education has been extended by visits to immunisation clinics at which it has been possible to get in touch with many mothers and children who would not otherwise have been seen by the dental staff.

In September a mobile cinema van on loan from the Oral Hygiene Service was used to display dental films and other exhibits at the City of Birmingham Show in Handsworth Park. There was no difficulty in attracting a very considerable audience, particularly when daylight was fading, but this method of publicity was felt to be very dependent upon the weather.

DOMICILIARY MIDWIFERY

(Section 23 — National Health Service Act, 1946)

There were 22,386 live births and 398 stillbirths to women residents of Birmingham in 1964. Of these, 353 live births and 10 stillbirths occurred outside the City. There were 3,326 out-of-City women confined at city hospitals (3,248 in 1963).

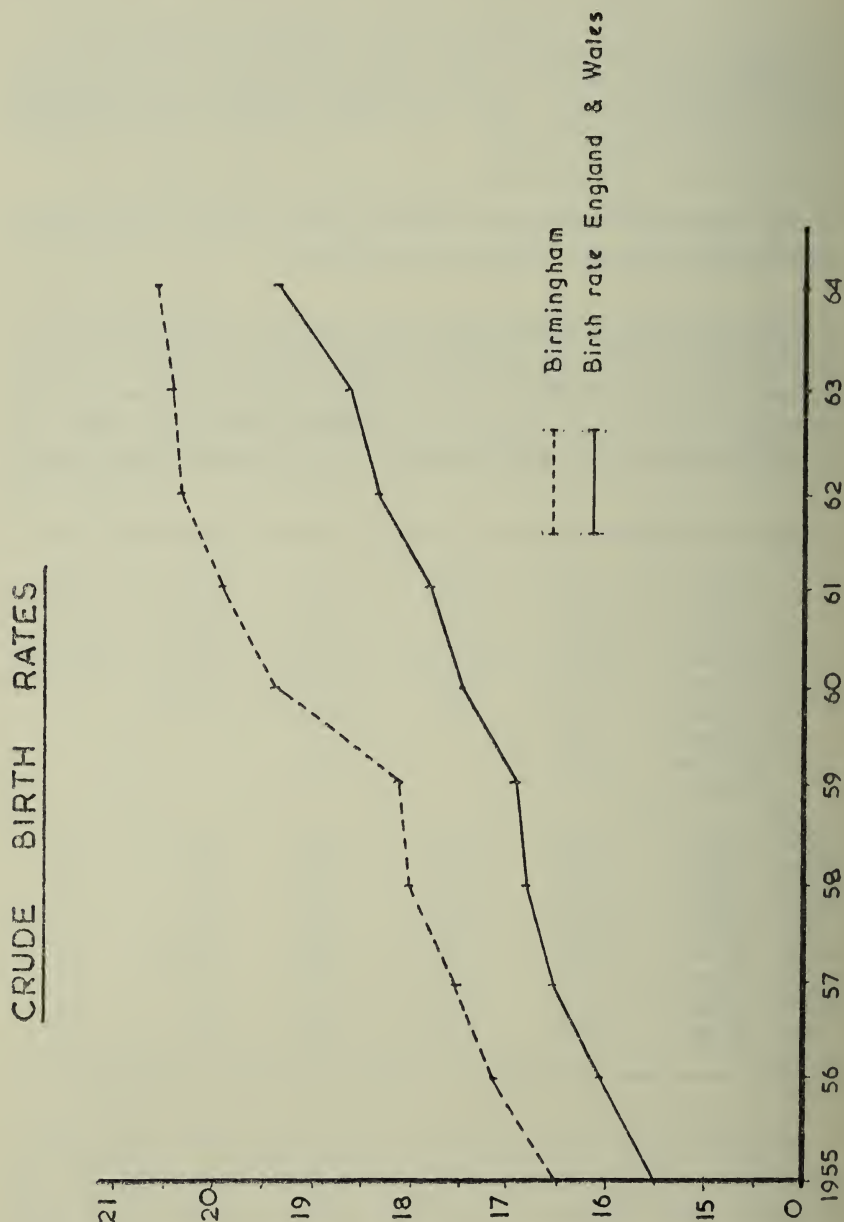
The succeeding remarks and statistical tables refer to confinements of Birmingham residents, unless otherwise stated.

During the year, 15,006 women were delivered at the City hospitals and Marston Green Maternity Hospital compared with 14,195 in 1963, an increase of 5·7 per cent. (2 per cent. in 1963), 7,082 were delivered by the domiciliary midwives as compared with 7,655 in 1963 and 11,992 were discharged early from hospital to home as compared with 11,115 in 1963.

	(1) <i>Total No. of con- finements at city hospitals, Marston Green and at home</i>	(2) <i>Total No. of con- finements at city hospitals and Marston Green</i>	(3) <i>Total No. of domiciliary confinement- ments</i>	(4) <i>Total No. of early discharges needing attention of midwife</i>	(5) <i>Hospital confinement- ments as percentage of total</i>	(6) <i>(3) and (4) as percentage of (1)</i>
1957	18,718	12,283	6,435	3,692	65·6	54
1958	19,085	12,233	6,852	4,120	64·0	57
1959	19,237	12,429	6,808	4,424	64·6	58
1960	20,674	13,118	7,556	6,691	63·4	69
1961	21,432	13,493	7,939	7,089	62·95	70
1962	22,107	13,939	8,168	9,585	63·1	80
1963	21,850	14,195	7,655	11,115	65·0	86
1964	22,188	15,006	7,082	11,992	68·1	86

Hospital confinements expressed as a percentage of the total confinements have continued to increase and reached a record figure. The out-of-City cases confined at hospitals in the City showed a slight decrease — a reversal of the trend noticed in recent years. This in fact was not expected as one of the City maternity units had been accepting numbers of expectant mothers on social grounds from a neighbouring authority area.

As is shown in the following graph, the birth rate of the City appears to be reaching a plateau over the past three years whereas the birth rate of the country as a whole showed a continuing rise:—



From 1958 to 1961 the total of the three yearly increments in the number of confinements on 1958 was 2,347, whereas the corresponding increment in the years 1961 to 1964 was 756. Probably the factors involved in this relative decrease are that more young married couples live

in the dormitory towns if they can afford it, the density of population in the redevelopment areas is less, and the number of aged couples or relicts who live in their homes in the City is increasing.

Early Discharges

In 1964, as in 1963, 80 per cent. of women after hospital confinement were discharged on the ninth day and under. Arrangements for early discharge work smoothly and efficiently as there is close co-operation with the staff of maternity units through maternity liaison committees. The "red star" method of selecting cases for early discharge and of acquainting hospitals of home conditions suitable for early discharge gives, at the most, only very minor problems to either the Public Health Department or to the maternity units. Below are given numbers of early discharges for the three years 1962 to 1964 by the day of discharge, together with the percentage of all early discharges occurring in three-day periods:—

<i>Day of Discharge</i>	<i>1962</i>		<i>1963</i>		<i>1964</i>
First ...	135	} 14%	141	} 16%	137
Second ...	513		742		888
Third ...	724		850		1,155
Fourth ...	374	} 12%	463	} 11%	605
Fifth ...	321		374		476
Sixth ...	447		454		584
Seventh ...	1,633	} 74%	1,486	} 73%	1,816
Eighth ...	3,289		4,087		3,957
Ninth ...	2,149		2,518		2,374
	<u>9,585</u>	(70% of total con-	<u>11,115</u>	(80%)	<u>11,992</u>
Discharged to		finements)			
midwife 10th day +	<u>564</u>		<u>560</u>		<u>649</u>

Discharges on the tenth day and over are usually to the health visitor.

As may be seen from the above table, early discharges are increasing both relatively and absolutely in the period 1st to 3rd day, and decreasing relatively in the period the seventh to ninth day. Over the past year the position in Birmingham had been satisfactory with an equable distribution of work between Local Authority and maternity units' staff. It seems that a gradual system of early discharge suitable to the working obstetrical potential of a particular area is preferable to a rigid system of discharge on a certain day. One would venture to say that in this City, having regard to the hospital staff hospital beds and Local Authority staff available, the optimum surcharge rate is being approached if not already achieved. If the number of confinements increases and there are more early discharges under the fourth day, undue strain will be placed on the nursing staff of maternity units and the Local Authority will have to look closely at the ratio of midwives to day midwives employed.

This perhaps states the matter too simply as only the number of confinements, the day of discharge and nursing staff are taken into consideration. Other factors of importance are — junior obstetrical staff (who are becoming fewer), administrative nursing and medical staff, clerical staff both hospital and local authority, nursing staff other than obstetrical, ancillary ward staff, laboratory staff, ambulance staff, capacity of maternity units in terms of beds and working staff, etc.

It would seem now entirely reasonable to look closely at the selection of cases for hospital confinements and to ensure that all mothers "at risk" have a hospital bed, and furthermore, to have an adequate number of beds for those who book late and need a hospital bed. However, there is one matter of note — it is now no longer so difficult to persuade the grand multiparous to enter hospital as they know that in all probability they will return home in a relatively short time.

Congenital Dislocation of the Hip – early diagnosis

A possible congenital dislocation of the hip joint can now be diagnosed in babies at or within 24 hours of birth by clinical examination easily performed by a midwife. The advantage of early diagnosis is early treatment and the results of this type of treatment are infinitely better than what has hitherto been achieved. It means the application of a special type of splint which apparently is not the least uncomfortable to the baby. It does entail, however, about three times as many babies being treated as compared with the normal incidence of this malformation.

A scheme based on the Malmö method was introduced into one ward of the City in 1964. Our grateful thanks are expressed to Mr. M. H. M. Harrison, F.R.C.S., consultant surgeon at the General and Orthopaedic Hospitals, for his help in teaching the midwives the diagnostic method. Out of the 281 babies screened in the Selly Oak Ward, five had positive signs of dislocation and went for further consultation. Three were placed in splints. It is hoped that towards the autumn of 1965 this method of screening will be undertaken for all confinements in the City.

Night Rota Service

This scheme which commenced on 5th April 1960, has proved very successful and has been a major factor in the recruitment of midwives. After it had been in operation for one year the midwives were asked to vote whether it should continue, and they voted to retain it by an overwhelming majority.

Maternity Bed Bureau

There were 3,737 applicants for hospital bookings on social grounds and hospital bookings were made for 2,202. Investigations into social conditions were carried out on 739. Of the remainder, 309 were referred to the Regional Hospital Board as emergency bookings. All were

admitted with the exception of a small number delivered by the domiciliary midwives. Emergency bed bookings were very much higher during the first six months (average per month, 43) than in the remaining six (average per month, 6). However the early discharge procedure quickened its tempo considerably during the period July–December.

Emergency Maternity Service

As the proportion of confinements in hospital increases, the calls on the Flying Squad decrease. During the year, 124 calls were made on the service, of which 34 calls were to out-of-City cases. An analysis of the 90 Birmingham cases is as follows:—

Postpartum haemorrhage with placenta retained	...	...	...	39
" " " " expelled	...	...	...	27
Retained placenta	...	...	...	11
Antepartum haemorrhage	...	...	...	3
Abortions	...	...	...	3
Twin delivery	...	...	...	2
Obstetric shock	...	...	...	2
Other causes	...	...	...	3
				<hr/> 90 <hr/>

Training Activities and Refresher Courses

During the year 46 midwives, approved as teachers, undertook the district training of 155 pupil midwives for Part II of the C.M.B. examination and 50 pupils were placed by our midwives' supervisors with domiciliary midwives outside the City. One supervisor of midwives and 36 midwives attended refresher courses during the year.

Sixty-three of the staff are trained to take relaxation classes.

Investigation into the Anaemias of Pregnancy

In 1964 repeat tests for haemoglobin were successfully eliminated from the statistical analysis and only the first haemoglobin tests of 5,263 expectant mothers were used in compiling the following table. Practically all of these were domiciliary cases and had one test at least during pregnancy.

Our thanks are expressed to Mr. A. B. Neale, B.Com., Corporation Statistician, and Mrs. G. Burton, Ph.D., and to the City Treasurers' Department for their help in compiling the following table and for their assessment of the results. As is seen from the table, and which has been demonstrated by many investigations into this subject, women with large families, women far advanced in pregnancy and women from a poor social background are more prone to anaemia.

HAEMOGLOBIN OF EXPECTANT MOTHERS 1964

	Grams % - 8.8 (-60%)		8.8 - 10.2 (60 - 69%)		10.3 - 11.7 (70 - 79%)		11.8+ (80%+)		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
JANUARY	5	0.9	39	6.9	181	32.2	338	60.0	563	100
FEBRUARY	5	1.1	25	5.7	136	31.1	271	62.1	437	100
MARCH	1	0.2	27	6.6	148	36.5	230	56.7	406	100
APRIL	7	1.3	53	9.9	210	39.2	265	49.6	535	100
MAY	6	1.5	33	8.6	121	31.4	225	58.5	385	100
JUNE	7	1.4	26	5.3	185	38.0	269	55.3	487	100
JULY	4	0.9	53	12.1	173	39.7	206	47.3	436	100
AUGUST	—	—	40	9.8	147	36.2	219	54.0	406	100
SEPTEMBER	7	1.4	49	10.2	175	36.3	251	52.1	482	100
OCTOBER	3	0.7	31	7.4	142	34.1	241	57.8	417	100
NOVEMBER	2	0.4	18	4.5	131	32.2	256	62.9	407	100
DECEMBER	2	0.6	20	6.6	92	30.5	188	62.3	302	100
PARITY 0	4	0.5	29	3.8	237	31.5	483	64.2	753	100
1	5	0.3	102	7.1	460	32.0	870	60.6	1,437	100
2	5	0.4	92	7.4	444	36.2	688	56.0	1,229	100
3	8	0.9	83	9.6	325	37.6	448	51.9	864	100
4	11	2.3	53	11.6	167	36.3	229	49.8	460	100
5	7	2.8	25	10.0	109	43.8	108	43.4	249	100
6+	9	3.8	25	10.6	86	36.4	116	49.2	236	100
UNKNOWN	—	—	5	14.2	13	37.2	17	48.6	35	100
AGE - 20	1	0.2	28	7.9	125	35.2	201	56.7	355	100
20 - 29	25	0.7	254	7.8	1,164	35.5	1,835	56.0	3,278	100
30 - 39	19	1.2	123	8.3	512	34.5	830	56.0	1,484	100
40+	4	3.5	7	6.3	32	28.5	69	61.8	112	100
UNKNOWN	—	—	2	5.8	8	23.6	24	70.6	34	100
WEEKS OF PREGNANCY										
- 14	—	—	16	2.8	118	20.8	433	76.4	567	100
14 - 21	8	0.4	83	4.7	547	31.1	1,121	63.8	1,759	100
22 - 32	24	1.2	200	10.2	790	40.6	935	48.0	1,949	100
33+	17	1.7	112	11.9	376	39.7	441	46.7	946	100
UNKNOWN	—	—	3	7.1	10	23.8	29	69.1	42	100
SOCIAL BACK- GROUND										
GOOD	9	0.4	115	6.2	625	33.5	1,116	59.9	1,865	100
MIXED	24	1.1	193	9.2	729	34.9	1,144	54.8	2,090	100
BAD	4	3.3	15	12.4	51	42.1	51	42.2	121	100
UNKNOWN OR NOT RECORDED	12	1.0	91	7.6	436	36.8	648	54.6	1,187	100
TOTAL	49	0.9	414	7.8	1,841	35.0	2,959	56.3	5,263	100

Maternal Mortality

In 1964 there was a total of twelve maternal deaths; nine were ascribed to pregnancy and childbirth, three of these due to abortion; and there were a further three cases due to associated conditions. The maternal mortality rate, including abortions, was 0·395 per 1,000 total live and stillbirths.

A. Deaths ascribed to pregnancy and childbirth

1. Associated with a notifiable birth:

A 38 year old woman died suddenly whilst out shopping. Post mortem Caesarian section was carried out, and a female infant of 32 weeks' gestation was delivered, but lived only a few hours. The post mortem findings on the mother showed that death was due to massive pulmonary thrombo-embolism from ante-mortem thrombus in the right common iliac and femoral veins.

A 30 year old woman was admitted to hospital for the delivery of her fourth child. She had a history of haemoptysis and chest pain prior to admission. X-ray revealed no abnormality. Severe chest pain, together with "shock-like" attacks developed, and she was treated with anticoagulants but died three days after admission. A post mortem Caesarian section was performed, and a stillborn baby was delivered. The post mortem examination revealed that death was due to pulmonary embolism together with bilateral hydronephrosis.

A 30 year old Jamaican woman was admitted to hospital for Caesarian section. The indications for Caesarian section were: (1) presentation of the cord; (2) unstable presentation of first twin; (3) pre-diabetic state; (4) multipara. The operation was carried out uneventfully with a moderate blood loss. Within two minutes of being moved to the recovery room, there was cessation of both respiration and cardiac function, which did not respond to treatment. Post mortem examination revealed that death was due to acute asphyxia from massive pulmonary collapse following the operation.

A 39 year old woman collapsed in the ambulance on the way to hospital. She was found to be dead on arrival. An emergency Caesarian section was performed and a live baby was delivered. The post mortem findings indicated that death was due to dissecting aneurysm and aneurysmal dilatation of the ascending aorta together with Marfan's syndrome.

2. Not associated with a notifiable birth:

A 36 year old woman was sent home from work complaining of abdominal pain, sickness and diarrhoea. When the general practitioner attended her the following day he found her dead. The post mortem findings showed massive haemorrhage into the peritoneal cavity due to ruptured ectopic pregnancy.

A 34 year old woman was brought to hospital in a state of profound shock. She was transfused with three pints of blood and admitted she had douched herself with Dettol. After admission the foetus aborted, and she became oliguric. She had repeated dialysis and was treated with transfusions and antibiotics. As her condition deteriorated, hysterectomy was carried out, but she died suddenly some 30 hours later. The post mortem findings showed death was due to septic abortion.

A 34 year old Indian woman attended her doctor when five months pregnant. She continued to visit for antenatal care until the 29th week, when she was found to be gravely ill, and was dead when the general practitioner arrived. The post mortem findings showed that a large haemorrhage had started in the left cerebral hemisphere, ruptured into the ventricular system and extended into the subarachnoid areas over the base of the brain. The parietal area of the left cerebral cortex showed old apoplectic softening. Death was due to cerebral haemorrhage in association with pre-eclamptic toxæmia.

A 35 year old woman was admitted to hospital with raised blood pressure and slight oedema. She was given treatment, but her blood pressure continued to rise, and she had generalised convulsions. Her condition deteriorated, and she became extremely cyanosed. Very quickly her respirations ceased, heart sounds were not heard, and in spite of external cardiac massage she died. On post mortem it was found that a recent massive cerebral haemorrhage had occurred in a woman who was hypertensive as the result of unilateral chronic pyelonephritis and hydronephrosis.

A 37 year old coloured woman died on the way to hospital. The findings showed that the cause of death was air embolism due to introduction of soapy fluid into a pregnant uterus. This was not self-inflicted. It was carried out by another woman who has since been convicted of manslaughter.

B. Deaths due to associated conditions:

A 30 year old woman was admitted to hospital in a very poor condition. Her previous history was that she had an appendix abscess while 26 weeks pregnant. This was drained and left a sinus. She was in and out of hospital with subacute intestinal obstruction, further drainage of the abscess, removal of an ovarian mass and ten months before death was delivered spontaneously of a premature living male child. Following this, her condition deteriorated. She developed a lung abscess, lumbar and pelvic osteo-myelitis, and E.coli infection. She had at some time had pulmonary and abdominal tuberculosis. At one point it was suspected that she had amyloidosis, but this was unproven. Death was due to bronchopneumonia, multiple lung abscesses, chronic pelvic infection, and operation for appendicitis during pregnancy.

A 22 year old woman died at home from carcinomatosis and cardinoma of breast.

A 24 year old woman was admitted in labour to hospital in a satisfactory condition but she became dehydrated and her blood pressure fell. She was given a transfusion, but collapsed suddenly while having very strong contractions. She was delivered with low forceps under local anaesthesia. The baby was stillborn. In spite of resuscitative measures her condition rapidly deteriorated and she died shortly afterwards. From the post mortem findings it appears she died from an acute influenzal pneumonia.

Analgesia

During 1964 analgesia was administered by 135 domiciliary midwives. The details of administration are as follows:—

<i>As midwives</i>			<i>No. of patients</i>	<i>With doctor present</i>			<i>No. of patients</i>
Gas and air	...	...	3,026	Gas and air	...	...	305
Gas, air and trilene	...	...	23	Gas, air and trilene	...	...	9
Trilene	...	...	651	Trilene	...	...	59
Pethidine	...	...	1,261	Pethidine	...	...	63

Notifications

The following notifications were made during 1964:—

Puerperal fever and puerperal sepsis (Birmingham residents)	...	135
Ophthalmia neonatorum (3 gonococcal)	... ..	296
Pemphigus neonatorum	... ..	Nil

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at welfare centres during 1964 was 33. In addition to this, 21 general practitioners held an antenatal clinic combined with children's examinations. (Clinics for children's examinations and immunisation only were held by 13 general practitioners).

	<i>Assistant M.O.H.</i>		<i>Midwife</i>		<i>General Practitioner</i>	
	<i>attending</i>		<i>attending</i>		<i>attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>
1959	1,846	12,622	808	2,934	1,402	8,880
1960	1,547	10,061	840	3,335	1,618	10,287
1961	1,323	8,141	1,234	4,841	1,626	10,644
1962	942	6,032	1,363	5,556	1,793	11,704
1963	615	4,190	1,741	6,608	1,776	11,419
1964	508	3,307	2,301	7,748	2,112	13,108

Less than 2½ per cent. of all maternity cases now attend the Local Authority clinics. The number of expectant mothers attending midwives' clinics and general practitioners' clinics continued to show an increase.

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present ...	...	110
New expectant mothers attending	... ..	49
Total attendances	... ..	243
(2) Expectant mothers attending combined antenatal and children's clinics:—		
New mothers attending	... ..	459
Total attendances	... ..	3,064
Total individual mothers attending both types of clinics (1) and (2)		508
(3) Antenatal clinics with midwife only	... ..	697
New expectant mothers registered	... ..	2,301
Total attendances	... ..	7,748
(4) Primary postnatal examinations at clinics	... ..	148
Total postnatal examinations	... ..	179

(b) General practitioner clinics at welfare centres

Antenatal:

New mothers registered	... ..	2,112
Total attendances	... ..	13,108
Rhesus tests	... ..	1,031
Wassermann reaction tests	... ..	846
Haemoglobin tests	... ..	1,443

Postnatal:

Primary postnatal examinations	... ..	949
Re-examinations	... ..	156

(2) PRACTISING MIDWIVES

During the year 1964, 481 (435 in 1963), midwives notified their intention to practise in the City:—

City domiciliary midwives	... ..	141
City domiciliary day midwives	... ..	23
Independent domiciliary midwives	... ..	11
Midwives in institutions	... ..	296
Midwives in private nursing homes	... ..	10

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY 116

Domiciliary midwives and day midwives who left the City in 1964	15
Independent domiciliary midwives ceasing to practise	... .. 4
Hospital midwives ceasing to practise	... .. 94
Midwives in nursing homes ceasing to practise	... .. 3

(3a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

		No. in practice 31.12.63	Number retired during year	Number resigned during year	Transfers	New appoint- ments	No. in practice 31.12.64
<i>Employed by local authority :</i>							
(1)	Midwives ...	124	4	11	2 (in) 1 (out)	17	127
(2)	Day midwives	20	—	—	2 (out) 1 (in)	3	22
<i>In private practice :</i>							
(1)	Living in City ...	4	—	—	—	—	4
(2)	Living outside City	5	—	—	—	—	5

(3b) VISITS MADE BY DOMICILIARY MIDWIVES*Antenatal visits*

Doctor booked ...	...	...	...	...	...	...	...	48,692
Midwife booked	...	...	...	...	...	...	...	1,641
Hospital booked	...	...	...	...	...	...	...	633
Investigations ...	...	...	...	...	...	...	...	6,302
Useless visits	...	...	...	...	...	...	...	10,813
Other visits	...	...	...	...	...	...	...	9,132
								<hr/> 77,213

Postnatal visits

In own area	(a) home delivery	...	...	...	...	...	...	76,660
	(b) hospital delivery	...	...	...	...	...	...	28,705
<i>In other</i>								
Midwives' areas	(a) home delivery ...	...	...	...	...	...	...	26,980
	(b) hospital delivery	...	...	...	...	...	...	11,929
								<hr/> 144,274

(3c) CLINICS ATTENDED

(a)	at general practitioners' surgeries	...	...	...	...	...	2,219
	Number of patients seen	...	...	...	...	...	25,285
(b)	general practitioners at welfare centre	...	...	...	...	...	1,626
	Number of patients seen	...	...	...	...	...	11,392
(c)	Public Health medical officer at welfare centre	...	...	...	...	...	622
	Number of patients seen with medical officer	...	...	...	...	...	2,969
	Midwife only – number of patients seen	...	...	...	...	...	1,624
(d)	Midwife only – at welfare centre	...	...	...	...	...	1,736
	Doctors' bookings – number of patients seen...	...	...	...	...	...	9,453
(e)	Relaxation classes	...	...	...	...	...	1,401
(f)	Mothercraft classes	...	...	...	...	...	176

(3d)

AMBULANCE SERVICE

Patients accompanied in ambulances	...	...	...	...	411
Hours away from district on ambulance duty	...	...	...	...	404½ hrs.

(4)

CHEST RADIOGRAPHY OF ANTENATAL CASES

Number X-rayed (full-size films)

Referred from Local Health Authority antenatal clinics					459
Sorrento Hospital antenatal clinic	...	...	...	...	1,252
Lordswood Hospital antenatal clinic	...	...	...	...	508
					<hr/>
				TOTAL	...
				...	2,219
					<hr/>

Analysis of Results

(a) Normal cases 2,161

(b) Pulmonary tuberculosis

(i) Referred to Chest Clinic (for assessment and/or treatment) 11

(ii) Referred to family doctor only 3

(iii) No action necessary 18

TOTAL 32

(c) Non-tuberculous conditions of heart or lungs:

(i) Referred to hospital or clinic 7

(ii) Referred to family doctor only 9

(iii) No action necessary 7

TOTAL 23

(d) Failed to attend 3

(5)

RELAXATION CLASSES

Classes were taken by physiotherapists weekly at 11 centres and fortnightly at 2 centres; each week by midwives at 21 centres and by health visitors at 13 centres.

Individual mothers attending	...	...	...	...	2,306
booked for hospital confinement	...	...	...	1,361	
booked for domiciliary confinement	...	...	...	945	
Sessions held (relaxation only)	...	...	...	...	1,773
Sessions held (relaxation combined with children's remedial exercises)	...	...	...	...	199
Total attendances	...	...	...	...	11,595
Attendances at associated mothercraft classes	...	...	...	...	11,458

(6) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	114
Total attendances	563
Average number of patients called per session	8
Average number of attendances per session	5

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

		<i>City Midwives</i>	<i>Private Midwives</i>
1.	(a) Number of deliveries booked by general practitioner and midwife... ..	6,685	5
	(b) Number of 1 (a) attended by general practitioner at birth	543	2
2.	(a) Cases supervised by welfare centre and midwife	93	—
	(b) Number of 2 (a) for which medical aid was sought in connection with delivery ...	11	—
	(c) Number of 2 (a) attended by general practitioner at birth	2	—
3.	Cases which were hospital bookings	203	—
4.	(a) Cases not booked by hospital or midwife ...	52	—
	(b) Number of 4 (a) for which medical aid was sought in connection with delivery ...	24	—
	(c) Number of 4 (a) attended by general practitioner at birth	13	—
5.	(a) Number of babies born in ambulances	31	—
	(b) Hospital booked	27	—
	(c) Not booked	3	—
6.	Number of cases on emergency list for hospital confinement, but delivered at home	18	—
	Total number of deliveries attended during year ...	7,082	5
	Total number attended by general practitioner at birth	558 (7·9%)	

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES
UNDER C.M.B. RULES ANALYSED BY CAUSE

							<i>Midwife booked and solely responsible</i>	<i>Doctor booked for antenatal and postnatal care</i>
(a)	Mothers							
	1.	Antepartum haemorrhage	...	...	...	...	6	49
	2.	Chest conditions	...	...	...	...	—	1
	3.	Essential hypertension	...	...	...	...	3	31
	4.	Hydramnios	...	...	...	...	3	—
	5.	Malpresentation...	...	...	...	...	4	54
	6.	Multiple pregnancy	...	...	...	...	—	7
	7.	Other antenatal conditions	...	...	...	...	4	20
	8.	Poor general condition	...	...	...	...	1	—
	9.	Toxaemia	...	...	...	...	2	15
	10.	Urinary conditions	...	...	...	...	2	11
	11.	Varicose veins	...	...	...	...	—	4
	12.	Difficult or prolonged labour	...	...	...	...	12	100
	13.	Foetal distress	...	...	...	...	16	75
	14.	Postpartum haemorrhage	...	...	...	...	3	27
	15.	Laceration of perineum	...	...	...	...	32	282
	16.	Obstetric shock	...	...	...	...	1	—
	17.	Premature labour	...	...	...	...	6	27
	18.	Retained placenta	...	...	...	...	3	25
	19.	Inflamed breast	...	...	...	...	2	4
	20.	Other postnatal complications	...	...	...	...	9	14
	21.	Puerperal pyrexia	...	...	...	...	19	57
	22.	Thrombosis of leg veins	...	...	...	...	—	13
	23.	Abortion	...	...	...	...	4	3
	24.	Social conditions	...	...	...	...	2	6
	TOTAL	...	...	...	...	...	134	825
(b)	Children							
	25.	Ophthalmia neonatorum	...	...	...	...	24	96
	26.	Premature birth and debility	...	...	...	...	2	16
	27.	Convulsions	...	...	...	...	—	1
	28.	Deformity or malformation	...	...	...	...	1	7
	29.	Jaundice	...	...	...	...	4	11
	30.	Umbilical inflammation	...	...	...	...	—	2
	31.	Inflamed breasts, or abscess of	...	...	...	...	1	1
	32.	Skin eruption pemphigus	...	...	...	...	—	9
	33.	Unsatisfactory condition	...	...	...	...	3	28
	34.	Other causes	...	...	...	...	9	25
	TOTAL	...	...	...	...	...	44	196

DOMICILIARY CARE OF PREMATURE INFANTS

Each year over the past five years about 1,030 premature babies are cared for by the premature baby midwives who have been specially trained in the needs and care of premature babies. The majority of these mothers have been booked for home delivery and have come into premature labour. If the baby is very premature or appears weak it is transferred to a premature baby unit, by ambulance, in a premature baby incubator.

During the year there were 1,012 premature infants in the following categories and a total of 910 were cared for by the nine premature baby midwives.

1. *Home confinement and baby care at home* 144

There were three sets of twins and two babies of twin deliveries in this category.

The birth weight distribution was:—

3 lbs. 5ozs.—4lbs. 6 ozs.	...	...	...	...	1
4 lbs. 7ozs.—4lbs. 15 ozs.	...	...	...	...	24
5 lbs.—5lbs. 8ozs.	...	...	...	...	19

There were no neonatal deaths.

2. *Home confinement with subsequent admission to hospital* 98

Twenty-two of these were nursed by premature baby midwives on discharge.

There were four sets of twins and two babies of twin deliveries.

The birth weight distribution was:—

2 lbs. 3 ozs. and under	...	...	...	...	10
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	6
3 lbs. 5ozs.—4 lbs. 6 ozs.	...	...	...	...	29
4 lbs. 7 ozs.—4lbs. 15 ozs.	...	...	...	...	27
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	26

Admissions to hospital for the following reasons – small babies (33), poor general condition (20), home conditions unsuitable or unprepared (19), hospital bookings (11), dyspnoea (4), malformations (5), mothers condition poor (2), no booking arrangements (2), general practitioner's request (2).

There were 20 deaths within 24 hours – extreme prematurity (11), hyaline membrane (4), respiratory failure (2), heart failure (1), cerebral haemorrhage (1), sinus thrombosis (1).

- | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|---|
| 3. <i>Home confinement, after-care at home followed by admission to hospital</i> | ... | ... | ... | ... | ... | ... | 5 |
|--|-----|-----|-----|-----|-----|-----|---|

The birth rate distribution was:-

4 lbs. 7 ozs.—4 lbs. 15 ozs....	...	...	...	3
5 lbs.—5 lbs. 8 ozs.	...	...	...	2

Admission to hospital for the following reasons – poor condition with jaundice (4), hospital booking (1).

- | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|----|
| 4. <i>Home confinement, not transferred to premature baby midwife</i> | ... | ... | ... | ... | ... | ... | 26 |
|---|-----|-----|-----|-----|-----|-----|----|

The birth rate distribution was:-

2 lbs. 4 ozs.—3 lbs. 4 ozs. ...	...	...	...	1
3 lbs. 5 ozs.—4 lbs. 6 ozs. ...	...	...	...	1
5 lbs. —5 lbs. 8 ozs. ...	...	...	...	24

The reason for non-transfer were five died soon after birth and 21 were of good weight and healthy condition.

- | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|
| 5. <i>Hospital confinement, after-care by premature baby midwife on discharge</i> | ... | ... | ... | ... | ... | ... | 739 |
|---|-----|-----|-----|-----|-----|-----|-----|

There were 2 sets of triplets 30 sets of twins and 32 babies of twin deliveries. Twenty-one babies were born in 1963 and discharged in 1964.

There were three neonatal deaths—congenial heart (1), torn tentorium (1), intestinal obstruction (1).

TOTAL	...	<u>1,012</u>
-------	-----	--------------

HEALTH VISITING

(SECTION 24 – NATIONAL HEALTH SERVICE ACT, 1946)

On 31st December, 1964, the Department employed the equivalent of 128 health visitors (121 whole-time and 13 part-time). This was an increase of 12 on the 1963 figure.

Visited children under the age of five years reached 94,867 (an increase of 1,515 on the 1963 figure) giving an average case load of 741 per health visitor as compared with 805 in 1963. Of the visited children under five years, 13·3 per cent. (12 per cent. in 1963) were of the coloured population.

The Health Visitors' Training Centre

1. HEALTH VISITORS' TRAINING COURSE OCTOBER 1963 – JULY 1964

Forty-nine students of the 1963 – 1964 course entered for the Health Visitors' Certificate Examination in July 1964. Forty-seven students were successful. The two students referred passed the examination in September 1964.

2. THE HEALTH VISITORS' TRAINING COURSE OCTOBER 1964 – JULY 1965.

The forty-second course of training for the Health Visitors' Certificate of the Royal Society for the Promotion of Health commenced on 1st October 1964. The written examination will take place on 5th and 6th July and the oral examination on 15th and 16th July 1965.

The response to the advertisements for Birmingham assisted students was very slightly better than in the previous year. An analysis of the 158 enquiries is shown in the following table:

Application forms not returned	...	...	...	...	...	56
Applications without the required qualifications	...	...	...	...	...	4
Failed entrance examination	...	...	...	...	...	38
Failed to attend for entrance examination	...	...	...	...	...	6
Applications withdrawn	...	...	...	...	...	10
Applications too late	...	...	...	...	...	13
Transferred to other authorities	...	...	...	...	...	1
Applicants not resident in the United Kingdom	...	...	...	...	...	3
Unsuitable applicants	...	...	...	...	...	7
Accepted for training	...	...	...	...	...	20
						<hr/> 158 <hr/>

Ten local authorities submitted 27 students and the City Education Department sent one student, making a total of 48 students including those from Birmingham.

The theoretical side of the course is covered by 224 lectures which are delivered by an appointed panel of lecturers, all specialists in their own field. Tutorials, seminars and discussions relate theory to practice, and written work, including end of term examinations helps students to assess their progress throughout the training. Visits of observation are made to a wide variety of centres representative of many aspects of voluntary and social service, and we are again most grateful to all who continue to receive our students and make their visits so interesting and helpful.

In the spring term lecturers and others associated with the training were invited to an open session where students displayed the findings of their projects in visual form. This method of learning enables them to carry out unaided research. Their project topics included the following:

- Children's Play in High Flats
- Statutory and Voluntary Services for the Handicapped
- Tuberculosis
- Mental Health
- Accident Prevention
- Youth in Voluntary Service
- Provisions for Care of Children of Working Married Women
- Nutrition in Immigrant Children
- The Aged
- Dental Health

The results showed that the students had studied their topic in depth, and initiative and team-work were evident in their display.

The students receive their practical training in the Health, Education, Welfare and Children's Departments of the Birmingham Local Authority. They also observe the health visitors' work in the County Boroughs and County Council areas of the West Midlands. A high standard of training is maintained in this field, and here again we are indebted to all who take part in the training of our student health visitors.

THE NEW SYLLABUS - COUNCIL FOR THE TRAINING OF HEALTH VISITORS

In October 1965 the syllabus of the Council for the Training of Health Visitors set up under the "Health Visiting and Social Work (Training) Act, 1962" supersedes that of the Royal Society for the Promotion of Health. In introducing their new syllabus, the Council explained that the health visiting service established in 1861 was, until 1946, mainly concerned with the physical health of mothers and young babies. The implementation of the National Health Service Acts brought changes, and the work of the health visitor was extended, thus enabling her to make a contribution towards the "total health" of the entire family. To provide for her basic preparation, the syllabus is set out in the following five sections which will be covered by lectures, tutorials, seminars and discussions:

Section I	Development of the Individual
Section II	The Individual in the Group
Section III	Development of Social Policy
Section IV	Social Aspects of Health and Disease
Section V	Principles and Practice of Health Visiting

Practical Training

One of the most important changes brought about by the new syllabus is the appointment of field work instructors. These selected health visitors who have taken a special course to prepare them for their work, will each be responsible for the practical training of three students in health visiting. The fieldwork instructors will select families for the students to visit throughout their training.

It is envisaged that the case discussions and the guidance given will provide the students with a basis for a deeper understanding of their families. The fieldwork instructors will be closely linked to the training centre and will take an active part in group discussions relating to the "Principles and Practice of Health Visiting".

The Examination System

Each training centre will be responsible for making arrangements for the final examination, and the Training Council will issue its own Certificate to successful candidates. The examination will comprise three written papers which will cover the first four sections of the syllabus, and an oral examination, which will consist of a discussion between examiners and student based on the papers, a day-book and a project. The training centre is responsible for the appointment of three internal examiners and one external examiner appointed from the list of examiners maintained by the Training Council.

4. THE TRAINING OF HEALTH VISITOR TUTORS

On 9th December, 1964 we were pleased to welcome seven health visitor tutor students and one district nurse tutor student from the Royal College of Nursing, London.

During their stay of two weeks the tutor students had an opportunity to become acquainted with a wide variety of social services provided by the Local Authority, Regional Hospital Board and voluntary organisations. Time was also spent in discussion between the student tutors and sectional heads in the Health and Education Departments of the Corporation.

Mrs. L. Hague, Principal Tutor, has again been invited by the Royal College of Nursing to act as an examiner in Public Health and Public Health Nursing to the Senior Courses.

5. STANDING CONFERENCE ON HEALTH VISITORS' TRAINING

Dr. D. F. Mahon, Administrative Medical Officer of Health, and Mrs. L. Hague, Principal Health Visitor Tutor, regularly attended meetings of the Standing Conference held at the Ministry of Health as representatives of the Birmingham Training Course.

6. NURSE EDUCATION COMMITTEES

The Principal Health Visitor Tutor attended quarterly meetings of the Education Committees of All Saints' Hospital and Dudley Road Hospital.

Visitors to Welfare Centres

Nurse training schools in Birmingham sent 330 student nurses for one day's experience during which time they accompanied health visitors during their home visits and attended baby clinics. Among the distinguished official and professional visitors were the High Commissioner and Begum of Pakistan. We were indeed happy to welcome our Lady Mayoress who devoted two visiting sessions to the welfare centres. Her interest was appreciated by members of the staff.

There was a total of 1,455 visitors to welfare centres.

Health Education and the Health Visitor

This very important function of the health visitor was carried out in a variety of ways during 1964. Group teaching was given during clinic sessions, in schools, in day continuation schools, to youth and adult groups and to groups of elderly people. It has been found in practice that the young expectant parents are the most receptive group for health education especially in matters of baby care, parentcraft and budgeting. Attendances at mothercraft classes associated with relaxation classes reached 11,458 and 1,858 attendances were made at parents' meetings.

Refresher Courses and In-service training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors' Association were attended by 20 health visitors. In addition they had the opportunity of attending in-service training courses arranged by the Health Education Section. Speakers of note attended the five staff meetings held during the year and lectured on a variety of subjects of socio-medical interest.

An invitation was extended to six health visitors to participate in the programme arranged by the Child Health Institute for senior medical students. At these sessions Professor Watkins of Cardiff, as the James Smellie Bursar for the year, discussed with the students the health visitor's contribution in the field of social medicine.

Special Surveys

During 1964 health visitors participated in the following surveys:-

"Survey of Jaundiced Babies" - *Birmingham Maternity Hospital*

"National Survey of Childhood Cancers" - *Oxford University*

"Complications of Measles" - *Public Health Laboratory Service.*

"Survey of Cerebral Palsy in Twins" - *Institute of Child Health.*

"Investigations into Post Neonatal Deaths" - *Ministry of Health.*

A survey was conducted into the incidence of rickets and scurvy in the pre-school child and the health visitors notified the following cases:—

<i>Nationality</i>			<i>Rickets</i>	<i>Scurvy</i>
English	...	...	7	1
Irish	...	...	2	1
West Indian	...	...	18	—
Indian	...	...	8	—
Pakistani	...	...	4	—
Totals			39	2

Rickets and scurvy were a rare occurrence until seven years ago – now on the average there are seven cases reported per year. The incidence is particularly high in the West Indian element and low in the Irish. With the coloured immigrant these deficiency diseases may appear in the first or second born whereas amongst the white population the third or fourth child, especially when the children are born with a short interval of time between, appear to be most liable. Practically all the cases have appeared in social class IV or V and in the overcrowded areas of the City.

Phenylketonuria

The two children who were discovered by the health visitors in 1963 to be positive cases have continued treatment and appear to be developing along normal lines.

There were no positive cases detected during 1964.

Total number of phenylketonuria tests in 1964	...	...	...	21,902
Number of children referred for further investigation to eliminate the possibility of phenylketonuria	...	...	...	3
Refusals to permit the test	...	...	...	38
Number of children who left the City before the test	...	...	...	585
Number of children who died prior to the test	...	...	...	30

Approximately 94,250 babies under the age of three months were tested from 1959 to 1963. This does not include babies who immigrated into the City. The total number of babies born to City women during that period was approximately 108,250, so 87 per cent. of babies were tested. During the first two years of the scheme the percentage tested was much lower than this figure – the ensuing three years gave a percentage of 98·8 (approx). Practically all infants are tested between four and eight weeks. The number found positive by the health visitors and diagnosed as suffering from phenylketonuria was three; the number of doubtful positives and found not to have phenylketonuria was 25. No case of phenylketonuria born to a City mother and remaining in Birmingham has been reported other than those discovered by health visitors; nor have any cases been

reported in young children who have emigrated from the City. It would seem then that the incidence of phenylketonuria in babies born of City mothers during 1959 to 1963 was between 1 in 31,000 and 1 in 36,000. Probably the latter is the true estimate. Great credit must be given to health visiting staff for their work in this field.

Housing Management Department Hostels

Regular weekly visits and many special visits were paid by health visitors to the hostels for the homeless in order to prevent outbreaks of infection by intensive instruction on personal hygiene and infant care. Considerable support was given to these mothers who, temporarily separated from their husbands, were often under great stress. The visiting medical officers and hostel wardens gave every assistance to the health visitors.

The following table shows the number of individual mothers and children visited during 1964:—

HOSTELS	<i>No. of children visited</i>	<i>No. of expectant mothers visited</i>	<i>No. of families visited</i>	<i>Total No. of visits to Hostels</i>
10 Soho Road, Hockley	279	26	168	31
Bourne House, 43 Trinity Road, 20...	176	26	76	65
247 Thimblemill Lane, Nechells ...	454	42	396	60
80 Westley Road, Acocks Green ...	140	20	73	32
112 Moseley Street, 12	361	35	198	41
Milton Grange, 1 Oakland Road, 13	524	55	262	37
*306 Station Road, Stechford ...	41	6	21	15
295 Birchfield Road, 20	116	11	62	52
TOTALS ...	2,091	221	1,256	333

* This Hostel was opened in October 1964.

Co-operation with General Practitioners

This year has been marked by the advances made in co-operation with the general practitioners. An average of 130 clinical sessions each four weeks were held at practice premises with the health visitor in attendance. The number of individual general practitioners concerned was 55 and the number of practices 34. The types of sessions held were antenatal, well baby, well old people and combined antenatal and baby clinics. In some practices the health visitor assisted the general practitioner at immunisation sessions. A number of health visitors called at a fixed time on general practitioners to discuss matters relating to their patients, and two groups of health visitors worked part-time with general practitioners on the practice area. Under the section "Maternity and Child Welfare Centres" details are given of the work of general practitioners at welfare centres.

The following table gives the attendances by patients at general practitioners' premises when the health visitor was present:—

<i>Work of the Health Visitors in General Practitioners' Surgeries</i>					<i>1963</i>	<i>1964</i>	<i>Increase</i>
(a)	<i>Total attendances other than (b) (c) and (d)</i>				4,492	7,038	2,546
	0 – 12 months	...			3,430	5,248	1,818
	1 year	...	...		499	814	315
	2 – 5 years	...	...		405	795	390
	Over 5 years	...	...		158	181	23
<i>Of these:</i>							
(i)	examined by general practitioner				2,877	4,144	1,267
(ii)	seen and advised by health visitor only				1,615	2,894	1,279
(b)	Attendances for immunisation...				2,002	2,737	735
(c)	Attendances for poliomyelitis vacci- nation				1,157	1,796	639
(d)	Attendances at health talks given by health visitors...				3,774	6,582	2,808
	TOTALS	...	...	...	11,425	18,153	6,728

Health Visitor Follow-up of Cases of Accidental Poisoning

Health visitors now visit practically each household where a child has swallowed poison. Seven cases a week on an average are admitted or treated at the City hospitals, and over 150 cases were admitted to one hospital during 1964. What is of particular significance is that there are repeat cases from certain homes despite the health visitors' teachings and warnings. There may be some slight excuse for this where a family lives in one room in bad circumstances but there is no excuse for recurrent cases appearing from homes with apparently good storage facilities. So little care in this matter is needed to avoid what may be a tragedy.

Observation Register (formerly "At Risk" Register): Notification of Congenital Malformations

In 1962 a pilot scheme of notification of babies "at risk" from the handicap of deafness was undertaken. It included eight conditions which either occurred in the expectant mother or in the early neo-natal period of the baby's life which would place the child at risk from deafness. Originally the scheme was confined to two hospitals; it was a success, and in 1963 the maternity units and the domiciliary midwives were approached to notify

16 of the more common conditions which would place the child at risk from a mental or physical handicap. Notifications in general were very incomplete. Towards the end of 1963 the Ministry of Health asked local authorities to notify congenital malformations within four weeks of the birth date. This matter was discussed with obstetricians and nursing staff of maternity units. It was decided, after many discussions, that a trial combined notification form of babies suffering from a congenital malformation and of babies "at risk" should be attempted rather than a combined notification of birth and malformation form or a combined hospital discharge and "at risk" form – thus avoiding delay in the notification of birth or holding up urgent discharge forms. A combined notification of congenital malformation and "at risk" form was devised embracing 32 "at risk" conditions. The administrative medical officer visited each of the maternity units and met obstetricians, neo-natal paediatricians and nursing staff. In general the scheme was welcomed and each unit thought it would be possible to give the necessary notifications. In some units junior medical staff were to fill in the form, in others the senior nursing staff. It was pointed out, however, that some units were under such pressure that this notification system would add greatly to their burden and this fact was recognised. The notifications from some hospitals were excellent, from others, where there were staffing problems, poor. However there was intense co-operation from domiciliary midwives and health visitors so that notifications of congenital malformations were good and of "at risk" conditions, moderate to good, whether the baby was delivered in hospital or at home.

It is hoped, however, in 1965, when the Regional Hospital Board has completed its work on the discharge forms for use by obstetrical units, that all the necessary information will be obtained about babies born in hospital so that an accurate observation register will be maintained. Then a new combined notification of birth and congenital malformation form will be devised, completion of which will involve minimum trouble to the nursing staff.

On the 1st January, 1965 there were 2,925 (part year) children on the observation register. These children are being followed up for hearing and various other screening tests. The register was built up of notifications from hospitals, domiciliary midwives and health visitors without first assessing the validity of the reasons put forward for registration. It is envisaged in 1965 to maintain a central register and all cases will be investigated before placing the name on the register. It is hoped that all assistant medical officers will undergo training in the assessment of babies and children so that an early diagnosis may be made of a child's handicap.

Notifications of congenital malformations were on the whole good. Not all, however, can be notified to the Ministry, as most stillbirths in Birmingham undergo a post-mortem examination and the results are not quickly enough to hand. The following is a more complete list as used in a study of the problem by the Public Health Department jointly with the Department of Social Medicine, Birmingham University Medical School:—

MALFORMED BIRMINGHAM CHILDREN BORN IN 1964

(PROVISIONAL FIGURES)

	<i>Children with one malformation</i>	<i>Children with two or more malformations</i>	<i>Total</i>
Number of children affected ...	515	45	560
Number of malformations:			
Mongolism ...	21	3	24
Anencephalus ...	27	6	33
Spina bifida (without anencephalus)	30	2	32
Hydrocephalus (without spina bifida) ...	10	3	13
Exomphalos ...	2	2	4
Oesophageal atresia, etc. ...	4	4	8
Gut obstruction ...	8	4	12
Imperforate anus ...	4	5	9
Renal agenesis ...	5	4	9
Hypospadias, large clitoris ...	13	—	13
Other genito-urinary ...	17	9	26
Cleft lip ...	20	7	27
Cleft palate (without cleft lip) ...	14	—	14
Congenital heart disease (without mongolism) ...	57	13	70
Polydactyly ...	41	7	48
Syndactyly ...	20	5	25
Talipes (without other defects) ...	65	—	65
Unstable hip ...	61	3	64
Other limb defects ...	32	8	40
Cataract ...	4	—	4
Other eye defects ...	7	1	8
Accessory auricle ...	3	—	3
Other ear defects ...	10	2	12
Diaphragmatic hernia ...	1	2	3
Malformations other than above ...	39	15	54

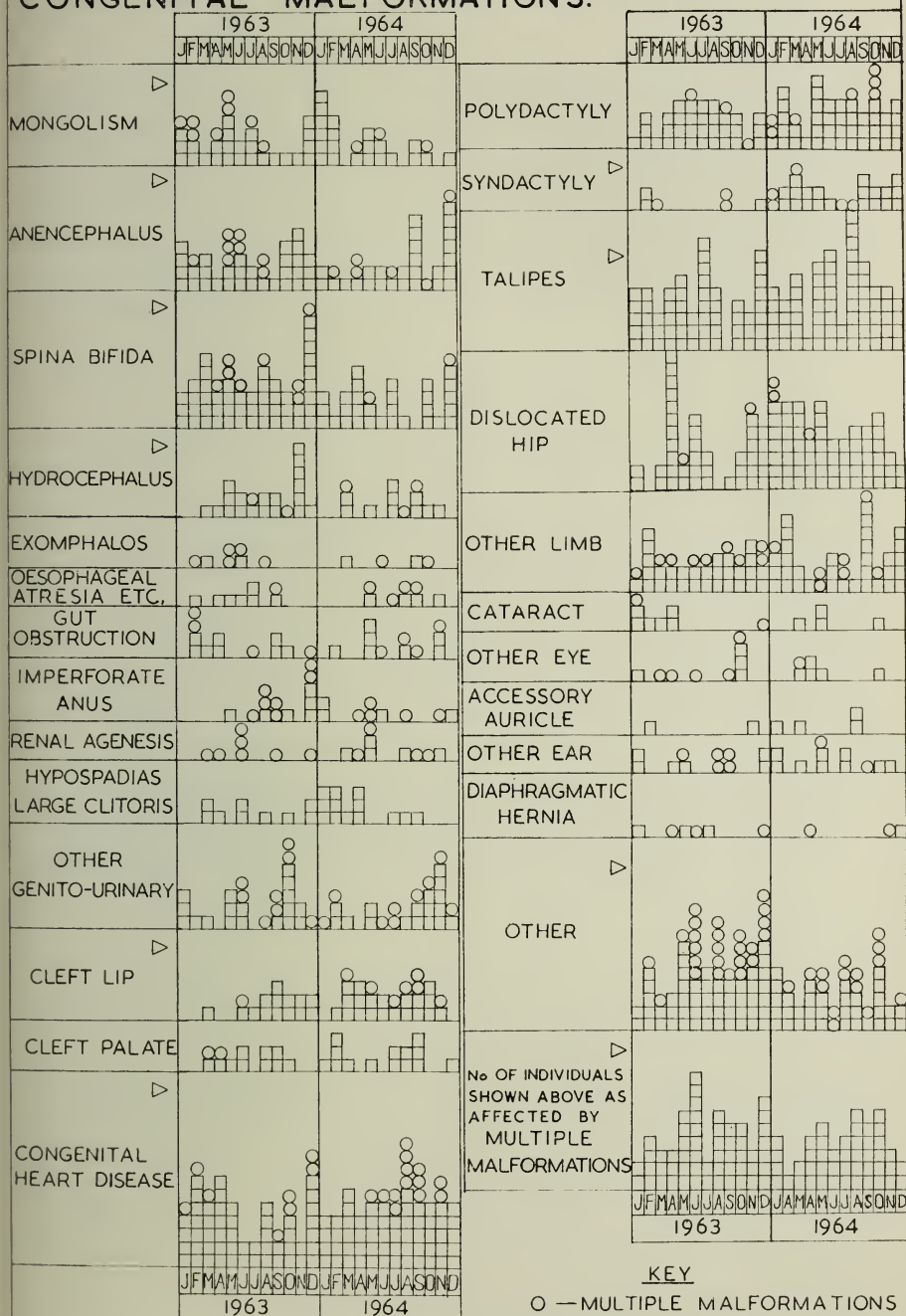
The record cards of 26 other children were punched to indicate that a malformation was present but these children have been excluded from the above table because the conditions specified are not included in our list as malformations of importance.

The Department of Social Medicine keeps up to date a wall chart (reproduced here) showing month by month the babies recorded as having a congenital malformation. The purpose of the chart is to alert the Health Services if the incidence of any malformation increases to an extent unlikely to be due to chance. The space allowed for each malformation each month has therefore been planned so that it would not normally be over-filled more than once in a hundred months. The levels marked with white arrows and the top rows in spaces where there are no arrows should not be reached by chance more than once in twenty months.

SUMMARY OF VISITS BY HEALTH VISITORS 1963 AND 1964

<i>Home Visiting</i>	1963	1964	<i>Increase</i>	<i>Decrease</i>
No. of area health visitors	116	128	12	—
Case load of children under 5 years	805	741	—	64
No. of Phenylketonuria tests	21,909	21,902	—	7
<i>(a) Routine visits to children under 5 years</i>				
Primary visits	22,826	23,132	306	—
Routine visits 0-12 months	58,130	66,240	8,110	—
1 year	41,104	47,094	5,990	—
2- 5 years	88,650	102,877	14,227	—
TOTAL	210,710	239,343	28,633	—
<i>(b) Special visits</i>				
0-12 months	9,378	10,513	1,135	—
1 year	2,436	2,998	562	—
2- 5 years	5,104	5,882	778	—
<i>(c) Visits to expectant mothers - Primary visits ...</i>	2,337	2,422	85	—
Revisits and special visits	2,210	2,396	186	—
<i>(d) Post-natal visits etc. - Post-natal</i>	281	185	—	96
Neo-natal deaths	69	83	14	—
Stillbirths	86	43	—	43
<i>(e) Miscellaneous visits :-</i>				
Scabies	163	186	23	—
Domestic helps	18	15	—	3
Children of school age	878	943	65	—
Adults (other than AN and PN)	1,484	1,558	74	—
Old people (women 65+: Men 65+)	3,173	3,125	—	48
Mentally disordered persons	236	174	—	62
Hospital follow-up (by area health visitors)	833	790	—	43
Infectious diseases (other than T.B.)	390	331	—	59
To general practitioners	117	210	93	—
Re insanitary conditions	72	67	—	5
Housing	58	93	35	—
GRAND TOTAL	240,231	271,578	31,347	—
TOTAL USELESS CALLS	47,788	49,436	1,648	—
<i>Hospital follow-up visits by special visitors ...</i>	2,918	3,145	227	—
<i>Hostels for the Homeless</i>				
No. of children visited	1,566	2,091	525	—
No. of expectant mothers visited	232	221	—	11
No. of families visited	927	1,256	329	—

MONTHLY CHART OF BABIES BORN WITH CONGENITAL MALFORMATIONS.



KEY

- — MULTIPLE MALFORMATIONS
- — SINGLE MALFORMATIONS

HOME NURSING SERVICE

(SECTION 25 – NATIONAL HEALTH SERVICE ACT, 1946)

The number of patients whom the district nurses attended has remained fairly steady over the past years. However, in 1964 there was a noticeable increase in the number of visits paid (see Table I). This is encouraging as the care and concern of the nurses for their patients is to a large extent reflected in the number of visits the patients receive. A considerable portion of the district nurses' time is spent in attending long term cases who often require intensive nursing and rehabilitation, both social and physical.

TABLE I

	1961	1962	1963	1964
On books 1st day of the year ...	3,914	3,800	3,831	3,984
New Cases	14,730	14,630	15,498	14,892
Total	18,644	18,430	19,329	18,876
Visits paid	598,292	591,262	597,551	609,035

An increased number of injections was given, particularly antibiotics, to acute cases despite the availability of oral drugs. There is also a noticeable increase in the number of other injections (see Table II).

TABLE II

	1961	1962	1963	1964
Injections of antibiotics ...	37,461	31,974	33,052	37,188
Other injections	183,099	188,757	200,004	230,969
Total	220,560	220,731	233,056	268,157

The majority of these were for patients suffering from diabetes mellitus an increasing number of whom are attended by the district nurses. (see Table III).

TABLE III

	1961	1962	1963	1964
Diabetic patients on books 1st day of the year	434	408	417	459
New patients	389	382	390	390
Total individuals receiving attention in year	823	790	807	849

Urine test for new patients

Patients admitted to hospital have their urine tested as a routine measure but the district nurse has not had the facilities to carry out this procedure for her new patients, with the exception of diabetic patients who are provided with urine testing apparatus as part of their equipment. The situation has changed since the manufacture of testing material which is easy to carry and simple to use. With the approval of the general practitioners, the urine of all new patients is tested for albumin and sugar. The scheme started in April and the following table shows the number of positive tests from April to December 1964. During this period 10,682 new patients were attended and it is interesting to note that out of this total, 29 patients were found to have sugar in their urine. All abnormal results were reported to the general practitioners concerned.

Summary of results from among 10,682 patients:—

<i>Age Group</i>	<i>Number of positives</i>		
	<i>Albumin and Glucose</i>	<i>Albumin</i>	<i>Glucose</i>
0 – 14 years	—	9	—
5 – 14 years	—	7	—
15 – 40 years	2	35	3
41 – 64 years	9	72	6
65 years plus	17	138	20

Nursing Equipment

The arrangements made with Dudley Road hospital for the supply of pre-sterilised syringes continue to operate smoothly and the nurses appreciate the benefit which this service provides, both with regard to the safety of their patients and the saving of their own time.

Attention is now focused on the need for a similar service of pre-sterilised dressings for use in the domiciliary field. It seems illogical that patients in hospital should have these facilities but when treated at home they have to rely upon the questionable safety of dressings packed in tins

(usually biscuit tins) and baked in the domestic oven. If continuity of care between home and hospital is to be established, the standard of care should be the same for both. An increasing number of post-operative cases are being discharged from hospital for nursing at home so that the supply of pre-sterilised dressings is a matter of great urgency.

Co-operation with General Practitioners

Throughout 1964 it has been our endeavour to assist the general practitioners and to establish a close working relationship between them and the district nurses. Several doctors have asked if the district nurse could call at their surgeries on certain days at regular intervals in order to discuss the care of their patients. Others have requested that when paying her regular visit the district nurse should treat a group of ambulant patients at the surgery, the majority of treatments being either injections or dressings.

At the end of 1964 district nurses were visiting 11 practices as follows:-

One nurse was visiting a general practitioner for one hour twice weekly and was treating ambulant patients.

Six nurses were visiting once weekly and after consulting with the doctor were treating ambulant patients.

One nurse was visiting the surgery every three weeks.

One was visiting every quarter and two were visiting once each month.

Staff Training

During the year 32 state registered nurses completed the course of district training and entered for the examination for the Queen's Roll and the National Certificate of the Ministry of Health; all were successful with the exception of one nurse who failed the written examination.

Of the 32 students, 21 were members of the Health Department staff, 10 were trained for other authorities and one took the training independently. Fourteen of the total number took the full training and 18 who held additional qualifications underwent a shortened course.

Nine state enrolled nurses who entered for the 10 week Course of instruction in District Nursing passed the practical and written assessments and were awarded certificates by the Queen's Institute of District Nursing.

District nurses' meetings were held three times during the year. Lectures were given on "The 10 Year Plan", "Drugs used in psychiatric treatment"; and a talk was given by the Liaison Officer for coloured people. All were greatly appreciated.

Seventeen district nurses went to refresher courses arranged by the Queen's Institute of District Nursing and the Royal College of Nursing. Those who attended welcomed the opportunity of gaining additional knowledge and widening their horizons.

Study days for staff of welfare homes were arranged in April and October and were well attended.

Staff

One district nursing superintendent was appointed in 1964 to fill a vacancy caused by retirement.

The number of district nursing staff in post on 31st December, 1964, showed a small increase on the previous year, but it is only by comparing figures over a ten year period that the extent to which the staff has grown can be appreciated (see Table IV).

TABLE IV

	31st December, 1954			31st December, 1964		
	<i>Full time</i>	<i>Part time</i>	<i>Total</i>	<i>Full time</i>	<i>Part time</i>	<i>Total</i>
Superintendent	1	—	1	1	—	1
Deputy Superintendent	—	—	—	1	—	1
Superintendents of District Nursing Centres	10	—	10	7	—	7
Assistant Superintendents	2	—	2	1	—	1
S.R.N's with district training ...	68	6	74	102	8	110
S.R.N's without district training ...	24	24	48	20	22	42
S.E.N's having taken Course of Instruction				23	3	26
S.E.N's without Course of Instruction	25	6	31	12	6	18
Student District Nurses	12	—	12	3	—	3
TOTAL	142	36	178	170	39	209

Table IV shows the number of nursing staff on 31st December, 1954, compared with those in post on 31st December, 1964; the number of district nursing centres has been reduced in the interim with fewer district superintendents in the service. The number of state registered nurses who have taken the course of district training has increased and more state enrolled nurses are employed. Fewer student district nurses are shown, as 11 of the 14 who took the most recent course had completed their training by 31st December, 1964.

For some time we have been aware that much of the work undertaken by state registered nurses could be carried out by state enrolled nurses and that to place them together on double districts would be the most satisfactory way of using their skills to the best advantage. This arrangement has been put into practice and is proving very successful, the state registered nurse has charge of the district and allocates work to the state enrolled nurse, making sure that she has continuity and variety in her work. The two nurses relieve each other for off duty and together visit heavy patients or those who are extremely ill. Patients appreciate the same two nurses attending them throughout their illness.

Home Nursing Attendants

As a result of suggestions made by a group of district nurses it was decided to re-designate bathing attendants as home nursing attendants. Although the change of name in no way altered the work they do, it was felt that the name ‘home nursing attendant’ was a better description of their function in the Home Nursing Service.

On 31st December, 1964, 19 home nursing attendants were employed. During the year they paid 25,970 visits to 7,665 patients, this being a considerable increase over 1963 when they paid 22,801 visits to 7,098 patients.

Fellowship of the Handicapped

A district nurse was seconded to accompany the handicapped on their annual holiday to the Caister Holiday Camp. Her services were much in demand and were greatly appreciated.

Nechells Green Health Centre

Each year the work of the district nurses at the Nechells Green Health Centre has increased as the following table shows:-

	1964	1963	1962	1961
Treatments given	11,777	11,266	10,491	7,233

A broad classification of the 11,777 treatments given in 1964 was:-

Injections	3,554
Dressings	6,610
Others	1,613
TOTAL	11,777

The Children’s Home Nursing Unit

Throughout the city the district nurses attended 1,470 new cases of children under 5 years and 478 children between the ages of 5 – 14 years; of these, 1,023 children under 5 years and 224 between 5 – 14 years, were visited by the nurses attached to the Children’s Home Nursing Unit. This represents 64% of the total number of children nursed throughout the city.

This service was founded with the object of giving skilled nursing care to children in their homes and preventing their admission to hospital and separation from their families. It would seem that the aim has been achieved in the area in which the children’s home nurses operate – mainly the inner ring of the City.

The children's home nurses receive their new cases from the following sources:-

						1963	1964
General Practitioners	...	...	...	...	...	1,195	1,062
Hospitals	...	...	...	...	...	127	141
Public Health Department	...	...	...	...	...	8	40
Others	...	...	...	...	...	6	4
						<hr/> 1,336 <hr/>	<hr/> 1,247 <hr/>

General practitioners refer the majority of cases to the Children's Home Nursing Unit. The hospitals are playing an increasing part by sending patients home at an earlier stage of their illness, or direct from the casualty or out-patient departments. A noticeable increase has occurred in the number of children referred by the health visitors which is a further indication of the close co-operation which is developing between the children's home nurses and the health visitors and demonstrates the growing trend towards team work for the-better care of the patient.

The night nursing service has continued to develop and the nurse paid 503 visits to 286 patients during the year. The value of her work is shown in one of her case notes:-

Child X, four months old suffering from pneumonia. Seen by general practitioner twice during the day. At second visit requested night nurse to visit and to report to him before 11.30 p.m. Child allergic to penicillin.

Visited by night nurse at 9.30 p.m., child having had several convulsions, temperature 104°, pulse rapid, respiration laboured, colour poor. Doctor informed of his condition, child tepid sponged. Doctor decided to wait two more hours and, if no improvement, to send child to hospital. Nurse to contact him immediately if condition worsened.

The mother was anxious to keep the baby at home and was therefore co-operative. Nurse repeated tepid sponging and gave fluids, which fortunately baby was able to take.

Child's condition improved, nurse remained at house until 5 a.m. when temperature had dropped to 100°F.

Subsequently made an uneventful recovery.

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

a) Number of patients attended

Cases on books, 1st January, 1964	...	...	...	...	...	3,984
New cases attended	...	...	...	...	...	14,892
Total cases attended	...	...	...	...	...	18,876
Total visits paid	...	...	...	...	...	609,035

(b) Ages of patients

						<i>Cases on books</i> 1st Jan., 1964	<i>New cases</i> 1964
Under 5 years	...	...	...	...	...	30	1,470
5-14 years	...	...	...	...	...	24	478
15-64 years	...	...	...	...	...	1,017	6,265
65 years and over	...	...	...	...	...	2,913	6,679

(c) Cases referred by

General Practitioners	...	...	...	...	...	...	12,288
Hospitals	...	...	...	...	...	...	2,078
Public Health Department	...	...	...	...	...	...	304
Transferred from other sources	...	...	...	...	...	...	222
Other sources	...	...	...	...	...	...	---
							<hr/> 14,892 <hr/>

(2) CLASSIFICATION BY DISEASE OR DISORDER OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE

(a) Medical

Arthritis	...	...	...	...	...	...	367
Respiratory conditions: Bronchitis	...	...	...	...	...	...	1,450
Pneumonia	...	...	...	...	...	...	320
Cardiac disease	...	...	...	...	...	...	949
Cerebral catastrophies	...	...	...	...	...	...	788
Diabetes	...	...	...	...	...	...	459
Malignant disease	...	...	...	...	...	...	973
Senility	...	...	...	...	...	...	953
Other medical conditions	...	...	...	...	...	...	3,801
Enemas administered	...	...	...	...	...	...	1,397

(b) Infectious diseases

Tuberculosis	...	...	...	...	...	...	88
Influenza	...	...	...	...	...	...	66
Whooping cough	...	...	...	...	...	...	10
Measles	...	...	...	...	...	...	39
Other notifiable diseases	...	...	...	...	...	...	22

(c) Midwifery and Gynaecology

Puerperal pyrexia	...	...	...	...	...	...	5
Antenatal complications	...	...	...	...	...	...	212
Postnatal complications	...	...	...	...	...	...	97
Miscarriages	...	...	...	...	...	...	14
Conditions requiring pessary renewals	...	...	...	...	...	...	44

(d) *Surgical*

Cases discharged from hospital ...	...	...	...	...	1,519
Operations at home ...	...	...	...	...	11
Treatment to ulcerated legs ...	...	...	...	...	392
Other dressings ...	...	...	...	...	916
					<hr/> 14,892 <hr/>

(e) *New cases visited, according to disease or disorder, by Children's Unit (included in the above figures)*

Bronchitis, pneumonia, pleural effusion	...	...	...	484
Tonsilitis, otitis media, adenitis ...	...	...	...	166
Abscesses, boils and other skin conditions	...	...	...	150
Gastro-intestinal conditions, including enemas given	...	...	...	144
Infectious diseases	...	...	...	57
Diseases of the central nervous system	...	...	...	15
Disease of kidney .....	...	...	...	—
Diabetes mellitus ...	...	...	...	1
Pyrexia ...	...	...	...	65
Other medical conditions...	...	...	...	123
Post-operative conditions	...	...	...	28
Orthopaedic conditions ...	...	...	...	—
Eye conditions ...	...	...	...	1
Burns and scalds ...	...	...	...	13
				1,247

LOAN OF NURSING EQUIPMENT

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946)

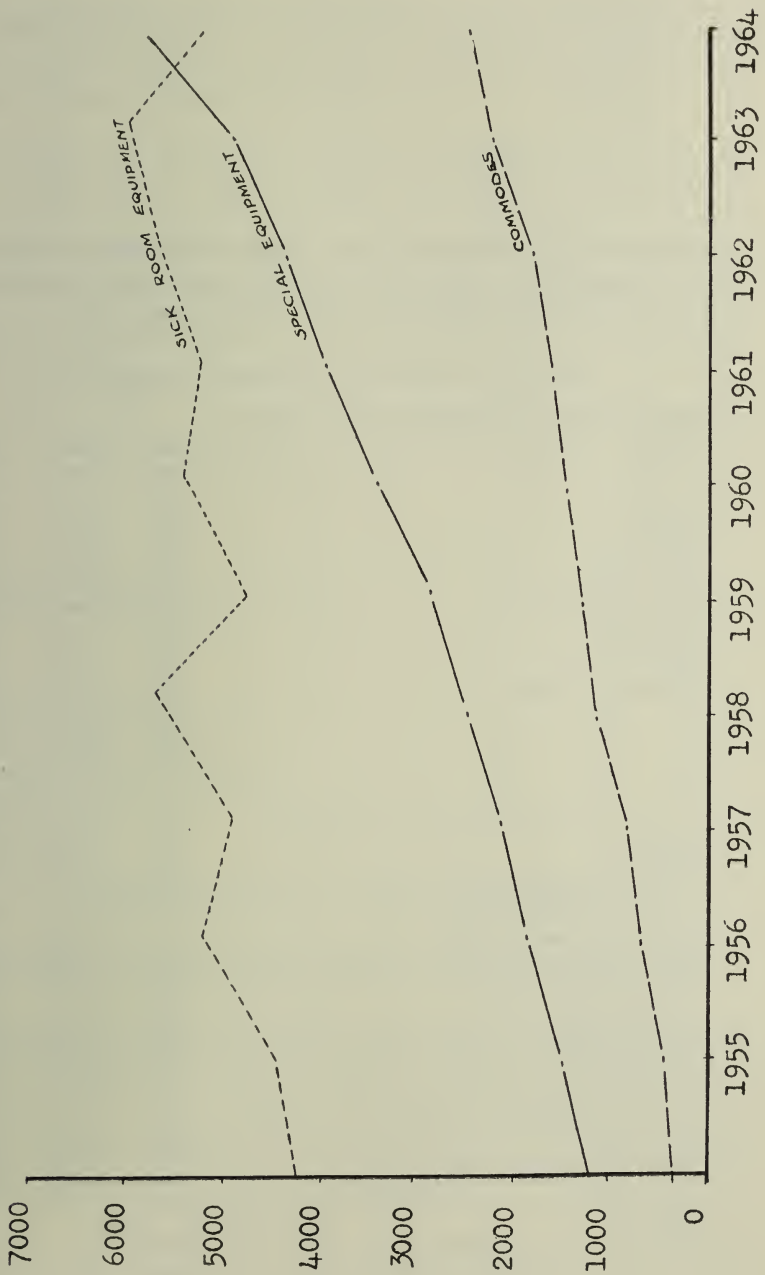
There was a considerable increase in the number of articles of special equipment on loan during 1964; however, the quantities of normal sick-room equipment were substantially less than during 1963. The total number on loan showed a small increase and the amount contributed in loan charges increased by £266 to £2,621.

The number of commodes on loan exceeded any other year (12.98% increase on 1963). These are issued from Central Stores; all other items are available for collection from the eight district nurses' centres.

Special equipment showed an increase of 18% over 1964 as compared with a 12.8% increase in 1963 over the previous year. The demand in this category was for all types of walking aids, self-propelled wheel chairs, bath aids and enuresis alarm units. Although the numbers were relatively small there was a significant growth in the use of geriatric chairs and lifting apparatus, as the value of these items to the patient and nurse becomes more evident and the number of elderly requiring nursing care more numerous. The demands upon this part of the service reflects the trend towards helping the handicapped to independence through rehabilitation.

The following graph illustrates the growth in loans of equipment. It will be noted that the amount of special equipment on loan has doubled in the past five years and more than trebled since 1955.

QUANTITIES OF EQUIPMENT ON LOAN 1955-64



Enuresis alarm units are issued for a period of three months but this period can be extended at the discretion of the general practitioner. A follow up of 109 cases who have had this treatment gave the following results:-

<i>Age Group</i>	<i>Successful</i>	<i>Not Successful</i>
3 - 7	16	14
8 - 12	45	15
over 12	16	3
	<hr/>	<hr/>
	77	32
	<hr/>	<hr/>

Only 18 of the 77 cases where the units were stated to be successful used the equipment for longer than three months. Of the 32 unsuccessful cases, 18 returned the alarm at the end of the initial period.

LOAN OF NURSING EQUIPMENT 1962-1964

(a) *Quantities of normal sickroom equipment on loan during*

						1962	1963	1964
Air rings and cushions	...	...	...	...	...	942	947	825
Back rests	...	...	...	...	...	679	827	805
Bed pans	...	...	...	...	...	1253	1324	1187
Commodos	...	...	...	...	...	1793	2058	2325
Leg cradles	...	...	...	...	...	394	464	474
Mackintosh sheets	...	...	...	...	...	1355	1394	894
Sick feeders	...	...	...	...	...	170	74	82
Urinals	...	...	...	...	...	685	737	660
Miscellaneous items	...	...	...	...	...	135	167	165
						<hr/>	<hr/>	<hr/>
						7406	7992	7417
						<hr/>	<hr/>	<hr/>

(b) *Quantities of special equipment on loan during*

						1962	1963	1964
Bedsteads	...	...	...	...	...	637	736	744
Self-operating tilting beds	...	...	...	...	...	2	3	2
Special mattresses	...	...	...	...	...	427	462	442
Ripple beds (Anti-decubiti)	...	...	...	...	...	7	10	10
Fracture boards	...	...	...	...	...	106	124	150
Lifting poles and chains	...	...	...	...	...	275	282	247
Crutches, pairs	...	...	...	...	...	137	136	160
Walking sticks	...	...	...	...	...	763	931	1217
Walking aids	...	...	...	...	...	204	270	429
Geriatric chairs	...	...	...	...	...	11	26	39
Lifting apparatus	...	...	...	...	...	23	32	41
Wheel chairs	...	...	...	...	...	1159	1206	1295
Merlin chairs (Self propelling)	...	...	...	...	...	500	586	738
Enuresis units	...	...	...	...	...	72	74	150
Bath aids	...	...	...	...	Not separately recorded			94
						<hr/>	<hr/>	<hr/>
						4323	4878	5758
						<hr/>	<hr/>	<hr/>

LOAN OF FIREGUARDS

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946)

The number of fireguards issued during the year was 655, an increase of 112 (20·6%) compared with 1963. This substantial increase can be attributed to the publicity given to the need for adequate protection against burning accidents early in the year.

Fireguards are loaned free of charge to necessitous cases, for the protection of the aged and infirm, and to families with young children where financial circumstances justify that course. Since the Heating Appliances (Fireguards) Act, 1952, came into operation, the lapse of time has eliminated most of the older appliances in use before the sale of appliances without an adequate guard was prohibited. While the installation of heating appliances other than an open fire, for reasons of convenience, efficiency and compliance with the provisions of the Clean Air Act is undoubtedly a trend of the present time, particularly amongst the more affluent, there are no indications yet that the demand for the loan of guards by the Department is being affected.

			1962	1963	1964
Number of guards on loan 1st January	...		860	970	1190
Number issued during year	...	...	508	543	655
			<hr/>	<hr/>	<hr/>
			1368	1513	1845
Number returned during year	...	...	398	323	439
			<hr/>	<hr/>	<hr/>
Number on loan 31st December	...	...	970	1190	1406
			<hr/>	<hr/>	<hr/>

DOMICILIARY LAUNDRY SERVICE

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946)

Although fewer applications for the loan and laundering of linen were received during 1964, the number of persons receiving the service was one more than in 1963. The average weekly number of persons receiving the service throughout 1964 was 245 as compared with 238 in 1963 and the weight of linen dealt with at the Department's Laundry was 105 tons compared with the total of 97 tons for 1963.

The scale of charges has not been varied since January 1963 but the the greater use of the service in 1964 resulted in an increase in income from £2,482 in the previous year to £2,680.

Disposable Pads

It had been hoped to provide disposable pads for incontinent patients on the district during the year. A preliminary survey of the need was carried out and it was found that a considerable number of patients, which would increase in future years, could not dispose of the used pads due to the means of heating installed in their homes, except by wrapping them in many layers of newspapers and placing them in the dustbins, This was considered to be unhygienic and would be distasteful to those employed by the Salvage Department. Several schemes were considered for the destruction of the used pads in their bags; however, most were very uneconomic. Finally the Tame and Rea Drainage Board was approached and after many experiments with different types of plastic bags it has been found that the masticators can deal with a water repellent bag containing the used pad. It is hoped to introduce this scheme on a limited scale during 1965.

DOMICILIARY LAUNDRY SERVICE 1962-1964

		1962	1963	1964
Number of cases on books 1st January	...	226	221	258
New applications during the year	... ..	603	692	656
		<hr/>	<hr/>	<hr/>
TOTAL	...	829	913	914
Cases removed during the year	... ..	608	655	664
		<hr/>	<hr/>	<hr/>
Number of cases on books 31st December	...	221	258	250
		<hr/>	<hr/>	<hr/>

ANALYSIS OF CASES FOR 1964

1964 Quarter ending	No. of approved applications	Service discontinued			
		Died	Hospital	Other Reasons	Total
31 March ...	213	108	81	33	222
30 June ...	129	65	46	20	131
30 September	130	73	51	16	140
31 December	184	88	61	22	171
	656	334	239	91	664

AMBULANCE SERVICE

(SECTION 27 — NATIONAL HEALTH SERVICE ACT, 1946)

The grand total of patients conveyed by the Ambulance Service during 1964 was 479,236 compared with 449,243 in 1963. Of this increase 2,245 represents the increase in cases carried by the Accident Section and 27,748 the increase in cases carried by the Removals Section.

Hospital Removal Cases

Whilst a substantial portion of this sharp increase in demand was met by directly provided ambulances, increased assistance from the Hospital Car Service and private hire cars was again necessary. This is illustrated in the following table:—

					1963	1964
Directly provided service	...	...	...	...	377,844	396,664
Hospital Car Service	...	...	...	...	33,116	35,189
Private hire cars	...	...	...	...	18,662	25,517
					<u>429,622</u>	<u>457,370</u>

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:—

Year	<i>Patients conveyed by directly provided ambulances of, Hospital Removal Service</i>			<i>Comparison with previous years Increase</i>
		
1961	359,803	13,127
1962	361,604	1,801
1963	377,844	16,240
1964	396,664	18,820

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED)
COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO
CLASSIFICATION

<i>Analysis</i>			1960	1961	1962	1963	1964
Out- posted units	Clinic cases	...	257,324	271,422	273,398	289,956	311,459
	Admissions	...	31,047	31,847	33,902	36,818	35,278
	Discharges	...	31,209	29,698	29,899	31,314	31,216
	Transfers	...	8,025	8,400	8,671	8,605	7,598
	Emergency						
	Maternity Service		133	137	179	136	130
	Maternity	...	8,981	9,086	9,180	9,379	9,478
	Monyhull—						
	Psychiatric	...	748	547	542	552	464
	Yardley Green—						
	Tuberculosis	...	7,920	7,368	4,733†	—	—
	Miscellaneous	...	1,289	1,298	1,100	1,084	1,041
TOTALS			346,676	359,803	361,604	377,844	396,664

Note: †As from 1st. August, 1962, tuberculosis cases have been placed in other categories, *i.e.* admissions, discharges, clinics, etc.

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND
SITTING CASES

(Directly provided ambulances)

			1960	1961	1962	1963	1964
Stretcher cases	...	...	78,366	80,982	88,521	92,448	94,336
Sitting cases	...	...	268,310	278,821	273,083	285,396	302,328
TOTALS	...	...	346,676	359,803	361,604	377,844	396,664

Trends in this ratio over the past four years are shown:—

RATIO OF SITTING TO STRETCHER CASES

(Directly provided ambulances)

1961	3.44	:	1	1963	3.08	:	1
1962	3.80	:	1	1964	3.20	:	1

Principal variations in the classified analysis of the patients carried by directly provided ambulances of the Removals Service occurred as follows:—

<i>Increases</i>	Clinic cases (all forms of out-patient treatment)	...	21,503
<i>Decrease</i>	Admissions	...	1,540

Accident Ambulances

Nine ambulances based on two ambulance depots and six fire stations continued to provide cover for accidents and other emergencies.

There was a substantial increase in the number of calls received and casualties carried by the Accident Section, the comparative figures being as follows:—

							<i>1963</i>	<i>1964</i>
Calls ...	...	...	...	...	...	...	20,892	23,236
Casualties ...	...	...	...	...	...	...	19,621	21,866

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 26 incidents outside the city boundary.

A detailed analysis of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:—

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

							<i>1963</i>	<i>1964</i>
Street accidents involving vehicles ...	...	...	...	...	...	...	4,353	5,006
Factory accidents ...	...	...	...	...	...	...	1,111	1,231
Private houses ...	...	...	...	...	...	...	6,755	7,482
Offices ...	...	...	...	...	...	...	59	138
Shops and restaurants...	...	...	...	...	...	...	678	717
Outdoor (other than street accidents)	...	...	...	...	...	...	3,371	3,826
Licensed premises ...	...	...	...	...	...	...	616	696
Schools ...	...	...	...	...	...	...	576	605
Cinemas and theatres ...	...	...	...	...	...	...	76	107
Other premises ...	...	...	...	...	...	...	2,881	2,902
False alarms (malicious)	...	...	...	...	...	...	416	526
TOTAL ...							20,892	23,236

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

							1963	1964
Fractures	...	...	...	...	...	...	1,987	1,667
Wounds	...	...	...	...	...	...	4,650	4,777
Collapse, fits, strokes	...	...	...	...	...	...	3,648	4,104
Abrasions and bruises	...	...	...	...	...	...	906	901
Gas poisoning	...	...	...	...	...	...	224	260
Drowning	...	...	...	...	...	...	9	10
Eye injuries	...	...	...	...	...	...	94	117
Dislocations and sprains	...	...	...	...	...	...	249	170
Hanging...	...	...	...	...	...	...	—	2
Concussion, shock	...	...	...	...	...	...	1,482	1,943
Haemorrhage	...	...	...	...	...	...	597	677
Scalds and burns	...	...	...	...	...	...	495	521
Poisoning	...	...	...	...	...	...	702	773
Not classified	...	...	...	...	...	...	4,578	5,944
TOTAL							19,621	21,866

DESTINATION OF CASUALTIES

							1963	1964
Accident Hospital	...	...	...	...	...	...	4,415	5,059
General Hospital	...	...	...	...	...	...	7,833	7,812
Selly Oak Hospital	...	...	...	...	}	7,151		2,991
Dudley Road Hospital	...	...	...	...				2,882
East Birmingham Hospital	...	...	...	...				1,735
Queen Elizabeth Hospital	...	...	...	...				471
Other hospitals	...	...	...	...				707

Casualties actually carried in ambulances but not

taken to hospital	...	...	...	...			222	209
TOTAL							19,621	21,866

FATALITIES

							1963	1964
Number of persons found dead on arrival of								
ambulances	...	...	...	...	...		334	338

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

Age Group	Hours of the Day																								Total
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-00	
5 and under 5	44	22	9	8	9	10	6	20	29	53	83	116	177	156	156	160	157	161	132	113	74	65	46	52	1,858
6-10	10	7	2	1	1	3	0	4	42	28	43	69	129	104	85	129	148	122	111	66	40	36	20	20	1,220
11-15	15	8	3	4	2	2	2	20	63	44	77	120	127	132	139	113	112	93	90	92	74	85	67	42	1,526
16-20	173	99	46	25	18	10	16	67	122	73	94	111	154	127	149	136	158	192	145	120	175	197	312	347	3,066
21-25	206	92	64	53	30	29	27	63	77	69	69	76	98	85	78	127	114	103	96	100	105	145	186	320	2,412
26-30	134	72	50	40	19	9	30	40	47	55	41	73	74	51	96	95	84	82	69	67	65	101	132	221	1,747
31-35	79	56	46	22	13	8	18	31	34	26	55	66	43	52	61	64	65	78	60	53	55	56	106	150	1,297
36-40	64	32	23	15	12	8	12	31	46	38	49	50	66	50	61	74	66	70	57	40	54	63	100	155	1,236
41-45	66	26	15	25	8	8	16	30	42	43	42	58	64	46	75	61	70	63	57	36	58	56	92	122	1,179
46-50	38	32	20	7	6	15	19	41	34	39	56	68	54	56	79	65	63	57	47	36	42	43	73	108	1,098
51-55	43	20	11	5	6	7	10	32	34	46	46	53	66	56	64	83	58	65	62	43	42	36	59	102	1,049
56-60	24	16	11	8	7	4	16	39	31	32	50	62	65	56	82	70	61	69	48	43	37	40	65	84	1,020
61-65	20	8	7	8	2	4	9	22	31	39	44	51	61	55	84	66	42	62	33	31	31	42	39	53	844
66-70	14	11	4	4	3	5	3	11	16	25	38	41	61	51	46	55	49	51	26	23	17	24	34	28	640
Over 70	20	15	12	13	11	8	13	25	46	55	90	128	121	107	115	104	92	54	60	48	50	63	58	46	1,354
Unknown Age	18	11	5	2	2	1	3	8	8	10	5	15	21	9	11	21	13	15	30	16	12	14	31	39	320
TOTAL	968	527	328	240	149	131	200	484	702	675	882	1157	1381	1193	1381	1423	1352	1337	1123	927	931	1066	1420	1889	21,866

METHOD OF TRANSMISSION OF CALLS							1964
G.P.O. "999" system	...	...	...	...	...	...	18,320
Police Information Room	...	...	...	...	...	...	2,646
Exchange telephone	...	...	...	...	...	...	1,557
Private wire telephones	...	...	...	..	...	...	3
Messenger	...	...	...	...	...	...	312
Radio	...	...	...	...	...	...	138
Observed by ambulance crew	...	...	...	...	...	...	260
TOTAL							23,236

Ambulance Fleet

This remained as follows:—

Dual purpose (stretcher) ambulances	..	..	..	72
Sitting case ambulances	..	..	..	29
Sitting case cars	..	..	..	3
Ambulance coach (20 seater)	..	..	..	1

Conveyance of Patients by Rail

Wherever possible long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 767 cases were carried thus during the year as compared with 778 the previous year.

Service ambulances were provided at the request of other local health authorities to meet trains at city railway stations and transport some 800 patients either to final destinations or to other railway stations to continue journeys.

Outpatient Treatment — Zoning Scheme

A meeting was held early in the year between Local Authority and Hospital Service representatives to discuss proposals which would ensure a more economical application of ambulance resources to outpatient appointments of all kinds, which account for a substantial part of the demand upon the Ambulance Service.

One such proposal was the fixing of appointment times for this work in accordance with district of residence, an arrangement which would create larger average loads and thus enable better use to be made of ambulance resources.

Following the meeting such a zoning scheme, based on the existing pattern of demand, was devised for all hospitals and their co-operation sought in its implementation. Whilst many difficulties in connection with internal arrangements at hospitals have yet to be overcome, progress has been made and where it has been possible to put the scheme into operation, immediate benefit to patients, hospitals and Ambulance Service has been evident.

Training

To keep staff up to date with changing procedures and modern techniques revisionary courses of one week's duration each were begun during the year. An approach was made by medical officers of health in the Midland Region for these courses to admit a number of students from other health authorities in the Region. The resultant Regional Courses, in which most Ambulance Services in the Region are participating, have proved to be an unqualified success, students having benefited not only from the instruction given but from the exchange of experience which such courses afford.

Mutual Assistance

Some 56,829 patients were conveyed on over-the-border journeys during the year, either outwards from the City or inwards to the City, in pursuance of a policy of the utmost co-operation with neighbouring authorities to secure economy in the use of ambulances.

Maternity Cases

A further increase occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year, the total being 9,478 as against 9,379 the previous year.

There were 130 calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital as against 136 in the previous year. Some 48,530 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for out-patient treatment. This represents a decrease of 2,205 on the figure of 50,735 for the previous year.

Mileage

The following table shows the distribution of mileage among the sections of the Service over the past five years.

	1960	1961	1962	1963	1964
Hospital removal					
ambulances ...	1,500,111	1,533,559	1,604,459	1,675,362	1,718,930
Accident ambulances ...	134,258	132,330	123,942	122,029	134,122
Outposted ambulances ...	66,377	62,453	—*	—	—
	<hr/> 1,700,746	<hr/> 1,728,342	<hr/> 1,728,401	<hr/> 1,797,391	<hr/> 1,853,052

Note:* During 1959 ambulances outposted at Little Bromwich Hospital were withdrawn to the main depot. During 1961 ambulances outposted and dealing with external work at Yardley Green and associated hospitals were also withdrawn to Henrietta street Depot.

Hospital Removal and Outposted Ambulances

As illustrated, the trend towards economy in mileage in relation to the number of patients was maintained.

<i>Year</i>	<i>Cases Carried</i>	<i>Mileage</i>	<i>Miles per Patient</i>
	<i>Monthly Average</i>	<i>Monthly Average</i>	<i>Average</i>
1960	28,890	130,540	4.52
1961	29,984	133,001	4.44
1962	30,134	133,705	4.44
1963	31,487	139,614	4.43
1964	33,055	143,244	4.33

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1964 are as follows:—

<i>Operational and Depot Staff Establishment</i>				<i>Strength at 31.12.64</i>		
				<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer ...	1			1	—	1
Ambulance Depot Superintendents ...	2			2	—	2
Hospital Liaison Officer	1			1	—	1
Ambulance Training Officer ...	1			1	—	1
Traffic Controllers ...	8			8	—	8
Clerks ...	5			1	4	5
Storekeeper ...	1			1	—	1
Depot Drivers ...	3			2	—	2
Depot Assistants ...	3			2	—	2
Ambulance Cleaners ...	13			7	—	7
Cooks and Cleaners ...	3			—	1	1
	(whole-time)				(whole-time)	(whole-time)
	3			—	7	7
	(part-time)				(part-time)	(part-time)
Leading Drivers ...	12			12	—	12
Drivers and Attendants	235			216	7	223

Ambulance Control

Control Duty Officer	1	1	—	1
Traffic Controllers ...	6	6	—	6
Senior Leading Control Operative ...	1	—	1	1
Leading Control Operatives ...	3	—	3	3
Control Operatives ...	42	3	27*†	30

† Includes 3 operatives working in Fire Control.

* Includes 5 part-time.

Bed Bureau

There was a decrease in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 16,367 requests were received from general practitioners, etc., beds being obtained in 15,751 of these cases.

The figures for the previous year were 17,040 requests, beds being obtained in 16,468 cases.

Voluntary Service

HOSPITAL CAR SERVICE

As illustrated by the following table, it was again necessary to seek increased assistance from the British Red Cross Hospital Car Service.

							1963	1964
Patients	...	...	...	...	...	...	33,116	35,189
Mileage	...	...	...	...	...	...	230,715	256,482

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods. The Service is also again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the Women's Voluntary Service, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS CARE AND AFTER-CARE

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946)

CARE OF THE AGED

The geriatric services for female patients have been decentralised by dividing the City into four regions, each of which to a large extent is the particular catchment area of a hospital to which a health visitor is attached. Each region, north east, south east, south west and north west, is controlled respectively by an office at a welfare centre – Nechells Green, Yardley Wood, Selly Oak and Carnegie. The male geriatric visitors who attend the male patients throughout the City still operate centrally from Trafalgar House.

The decentralisation programme is working very well; more cases in need have come to light and co-operation with the general practitioners has been excellent. A spirit of team work is growing up between the home help organisers, who also have offices at these welfare centres, the geriatric health visitors, and the district nurses, so that to some extent the service to the patient is more satisfactory and duplication of visiting less common. Co-operation with the voluntary services is excellent and meetings between all concerned with the welfare of the sick aged are becoming frequent. The geriatric visitor could well be the co-ordinators of all the services for the aged sick in her region.

There are approximately 126,000 persons over the age of 65 years in Birmingham. Advances of modern medicine with improved social conditions which enable people to live to an advanced age, the social trends for mobility of the labour force and full employment or part-time work for women throw an increasing burden on the domiciliary geriatric services. The geriatric health visitor is a specialist social worker in the care of the sick aged and it is her duty to assess the medical and social needs of cases referred and then to liaise with and co-ordinate the large number of different services which may be involved with domiciliary care. The aim is to ensure that each patient derives maximum benefit from the supportive services and that there is no duplication of time or effort.

The Birmingham Council for Old People is now running twelve day centres, and a further six are maintained by other organisations. The meals on wheels service delivered 57,884 meals during the year, mainly by the Women's Voluntary Services. There is still a large unmet demand for these valuable services, which are essential if old people are to remain, as is the wish of the large majority, in their own homes.

The Birmingham Council for Social Service and the teachers from some of the City Schools have jointly inaugurated a Visiting Service Auxiliary Scheme, through which school children visit old people on

request to undertake simple unpaid duties such as shopping, weeding the garden, etc. This service is proving most helpful to infirm old people and a source of social education for the pupils participating. Some of the children have showed a marked initiative in this type of work and have organised entertainments for the aged.

There were 5,287 old people on the geriatric register maintained by the Public Health Department at the end of the year. This is a register of old persons assessed to be at risk, *i.e.* who are receiving or may require at short notice some form of ancillary support if they are to remain in their own homes. This number was an increase of 1,294 over last year's total and gives some indication of the magnitude of the problem. There was an increase in the number of visits paid by the health visitors, 9,425 by the geriatric health visitors in addition to 3,125 by the field health visitors in the course of their general duties. Of the new cases visited, 68 per cent were women. The majority were in the 75-85 age group and 45 per cent were living alone. These statistics highlight two major problems in the geriatric field; the old person who is incapable of living at home, even though supported by domiciliary services, but is not yet frail or ill enough to warrant admission to a welfare home or geriatric hospital, and the old person whose general condition is worse than it need be, usually due to malnutrition, atrophic arthritis with generalised decalcification, anaemia, etc. The needs of the former group could be met by grouped purpose-built dwellings with limited supervision, and the latter by the day hospital service. Again the latter group causes the bigger problem as, with their frailty, a slight infection causes dehydration with premature symptoms of amentia. This in turn aggravates and exaggerates their senility so that their condition demands admission to mental care units whereas the process could be stayed to a greater extent by full and adequate domiciliary services, both medical and social. This problem is dealt with from another aspect in the chapter on the Domestic Help Service.

Facilities for bathing elderly people play a very important part in maintaining their morale and integration in society: 122 elderly people who had no home bathing facilities had 1,449 baths at the Health Department's centre at Bacchus Road, but there is still a large waiting list and arrangements are in mind to provide further facilities.

Statistics

			1964	1963
Cases on register on 1st January	...	...	3,993	3,293
New cases added during year	...	...	1,899	1,682
Cases remaining on register at end of year	...	...	5,287	3,993
Cases admitted to hospital	...	...	574	706
Deaths	...	...	646	586
Cases referred to Welfare Department	...	...	114	49
Total visits paid by special health visitors	...	...	9,425	8,679
Total visits paid by health visitors on general duties			3,125	3,173

Chiropody Services

Chiropody continues to play a vital part in maintaining the mobility of the elderly. The work during the year was as follows: (1963 figures in brackets)

	<i>Sessions</i>	<i>Treatments given</i>	<i>No. of patients</i>
Clinics	198 (191)	1,079 (1,012)	627 (718)
Domiciliary	373 (310)	1,523 (1,084)	747 (1,102)

In addition, the Birmingham Council for Old People arranged treatment for 4,496 (3,996) patients, 1,478 (1,244) of these being by domiciliary visits.

During the year the chiropody services were to some extent re-organised so that aged people, who needed a more frequent service could be dealt with. This re-organisation has not caused an increase in the waiting lists or the waiting time – in fact the opposite has occurred.

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

Twelve health visitors continued to be attached on a part-time basis to eight City hospitals. This provided the necessary liaison between the hospitals, general practitioners, the Public Health Department and the area health visitors which is so necessary in a city of this size and complexity.

The following extracts have been taken from the reports of these health visitors:—

ACCIDENT HOSPITAL

Elderly patients were mostly referred to the health visitor. The majority of cases had suffered accidents in their own homes, the most common injury being a fractured femur. There were also numerous referrals of children who had been patients in the Burns Unit and had suffered emotional trauma. This support in the home and the advice given to the mother in understanding the child's reaction to disfigurement or handicap helped both considerably.

CHILDREN'S HOSPITAL

The health visitor paid the majority of visits to the homes of children who had been poisoned or were injured by falls from their prams or after being left unguarded on a high bed, settee or chair. There was an amazing

variety of poisons ingested by babies and young children who had taken chemical cleaners, paraffin, aspirin tablets, slimming pills, tranquillisers, birth control pills, lead paint, disinfectant and denture cleaner. One finds it difficult to understand how readmissions can occur again and again from the same homes. Dietary deficiencies required many follow-up visits to the home in order to check on dietary control.

DUDLEY ROAD HOSPITAL

Two health visitors shared the work at this hospital and each was attached to a consultant paediatrician who arranged for the health visitor to accompany him on the ward round. The majority of referrals for home visits were made for children admitted with recurrent bronchitis, feeding problems and undernourishment, coeliac disease, pyloric stenosis, asthma, behaviour problems and fractures and bruising of doubtful origin. Visits to adults were referred from the medical social workers' department. Of these, many were elderly people living alone.

GENERAL HOSPITAL

(a) DIABETIC CLINIC

One health visitor attended the clinic weekly and spent three sessions on home visits to patients who required advice on management of diet, those with social problems and also to out-patient defaulters. Weekly educational talks were given to new patients at the Out-Patient Clinic.

(b) SPECIAL CLINIC

Two health visitors shared the visiting to check on clinic defaulters and to trace contacts.

EAST BIRMINGHAM HOSPITAL

The majority of the visits made by the health visitor were to the homes of children who had been admitted to the hospital under the age of six months. Many social problems and feeding difficulties were encountered.

QUEEN ELIZABETH HOSPITAL

The patients referred to the health visitor from the department of medico-social work were mainly those suffering from chronic or progressive disease who required advice on social services, diet, housing, hygiene, simple nursing tasks and general support and reassurance. The health visitor was also asked to follow-up mothers who had been admitted to the psychiatric ward.

ROYAL ORTHOPAEDIC HOSPITAL

The health visitor allocated four sessions weekly and her visits were mostly to elderly patients suffering from arthritis who found frustrations in enduring the resultant disability. Voluntary and statutory organisations have given help to this type of patient.

SELLY OAK HOSPITAL

(a) PAEDIATRIC DEPARTMENT

One health visitor allocated three weekly sessions to this department and visited the homes of babies and young children where special problems were presented.

(b) DIABETIC CLINIC

The health visitor gave two weekly sessions to this work. One was spent in the clinic where she advised new patients on diet and social problems. The greater part of the visiting session was devoted to elderly patients and the families of new patients who required help and support.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospitals</i>				<i>Sessions at hospitals.</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes etc.</i>
Accident	...	...	...	45	46	106	159
Children's	...	...	...	87	111	303	410
Dudley Road 1	...	...	...	43	29	93	127
2	...	...	...	56	19	52	71
General (Diabetic)	...	...	...	45	128	395	503
(Special 1)	...	...	...	22	104	229	599
*(Special 2)	...	...	...	13	29	50	173
East Birmingham	...	...	...	41	48	258	260
Queen Elizabeth	...	...	...	102	87	196	244
Royal Orthopaedic	...	...	...	42	113	185	226
Selly Oak (Paediatric)	...	...	...	43	72	197	269
(Diabetic)	...	...	...	50	33	52	91
1964	...	...	...	592	819	2,116	3,132
1963	...	...	...	521	713	2,064	2,899

* Commenced in November, 1964.

RECUPERATIVE CONVALESCENCE

During 1964, 488 applications for convalescence were dealt with by the Department compared with 512 in 1963. The number of women patients was nearly three times that of men, this inequality being particularly marked in the 65+ age group. As in previous years, the majority of applicants were referred by their general practitioners. Also during the year many applications were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 488 applicants, 268 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 236 and 32 were sent to homes more suitable to their individual needs. Of the 220 who did not go for convalescence, 14 cancelled direct with the Hospital Saturday Fund after having been accepted by this Department and referred to the Fund for accommodation. A further 95 applications were cancelled either by the patients themselves or by the Department after the applicant had failed to respond to any communications or was found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases applicants were instructed to apply through the firm where the contributions were made. After further reference to the general practitioner concerned, 111 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence (i.e. a recent acute illness or operation, or special circumstances which have caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1964.

								1964	1963	1962
<i>Age</i>		<i>0-4</i>	<i>5-15</i>	<i>16-44</i>	<i>45-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
Males	...	2	12	12	17	15	11	69	67	72
Females	...	1	11	23	47	73	44	199	195	220

Twenty-six men (38 per cent. of the total males taking convalescence), and 117 women (59 per cent. of the total females taking convalescence) were in the 65+ age group.

As in previous years, many applications were received from people in the 65+ age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange Spring and Autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were accepted for convalescence,

age proved no obstacle. The Birmingham Hospital Saturday Fund accommodated 18 patients over 80 years old, and Raymond Priestley House and Neville Williams House in Birmingham (owned by the Birmingham Council for Old People) accommodated others who were recovering from a recent illness but whose age rendered them too infirm to travel very far afield.

The medical categories into which the 488 applications during 1964 fell are given below:—

Respiratory diseases	...	...	107	Anaemia	...	...	...	10
Debility	...	...	88	Accidents	...	...	...	17
Post operative	...	...	78	Hypertension	...	...	...	19
Rheumatism & arthritis	...	...	32	Ulcers, peptic	...	...	...	5
Mental illness	...	...	28	Tuberculosis	...	...	...	Nil
Organic nervous disease	...	...	6	Arteriosclerosis	...	...	...	3
Heart disease	...	...	29	Senility	...	...	...	Nil
Gastro-intestinal disorder	...	...	17	Miscellaneous	...	...	...	49

Respiratory disease continues to be the chief medical reason for convalescence. 107 cases come into this category compared with 141 in 1963. The number of cases in most categories shows little change from year to year but there was a substantial reduction in 1964 in the cases classified as "mental illness". Only 28 cases were so classified compared with 56 in 1963.

HEALTH EDUCATION

Health education of the public has always been recognised as one of the most important aspects of public health, stressing not only the prevention of disease but also the promotion and maintenance of health. The general acceptance of the principles of health is the result desired and it is to this end that the workers of this Section of the Department strive. This they hope to achieve, not only in lecturing to groups of people, but by demonstration and presenting information to those who in the ordinary course of their duty come in contact with the public either as individuals or groups.

Lecture Programme

SCHOOLS: The need to present the principles of health early and continuously makes the school programme the first priority. This is planned by the full time health education staff and is usually carried out by health visitors, school health visitors and male district nurses. It begins in the secondary modern schools mainly in the first and fourth years. The first year syllabus comprises simple hygiene and instruction on how the body works, whilst in the fourth year particular attention is paid to the development of good human relationships with emphasis on personal responsibility.

Some grammar schools have formed a collective group which meets in the Health Education Section weekly and, in addition, the Health Department staff visit another grammar school in the second half of each year. The syllabus includes environmental hygiene together with visits of observation.

The total number of talks given in schools during the year was 4,602.

GENERAL: The number of talks given to adults and youth groups was 830. The subjects most in demand were "Home Safety" and "The care of Older People".

Meetings were held during the year which gave a valuable opportunity for an exchange of ideas between the Health Education Organisers and representatives of lay groups on trends and needs in health education.

Lectures to Special Groups, In-Service training

Certain topics received particular attention either by way of public campaign or in special study courses for the field workers.

For the benefit of the latter the following study courses were arranged.

JANUARY	Care of the feet, including shoe fitting.
MARCH	"Dental Health Week". One session was allocated to fluoridation of the water supply.
JUNE	Arrangements were made for a Venerologist to speak to the Health Department staff and teachers were invited to attend this session.
NOVEMBER	A week was arranged in conjunction with the Central Council for Health Education on the topic "Young People in Contemporary Society".

Invitations were sent to members of interested professions to attend any of the meetings. Those attending included teachers in training, hospital tutors, children's visitors, social workers and health department staffs from adjacent regions.

Members of the Health Department staff take part in the training of student nurses in many of the Birmingham hospitals. They speak of their work and upon all aspects of the prevention of infection. Health education is included in the training courses for health visitor tutor students and for student health visitors. Both groups of students visit the Section during their course.

STUDENT TEACHERS

Lectures are also given to the student teachers in the City of Birmingham Training College and in Westhill Training College, with special reference to their future professional work.

PUPIL PUBLIC HEALTH INSPECTORS

Health education as a subject has been introduced into the pupil public health inspectors' course and six talks are given in the Section's demonstration room to meet this need.

STAFF - ANTI-SMOKING LECTURES

An Anti-smoking Clinic was held in the Health Education Section for the staff of the Health Department. It was a successful pilot scheme and the obvious need for help in this problem led to an approach being made to the British Temperance Society for a "Five Day Plan" Campaign in the City. Over 300 applications were received from the general public and over 200 people actually attended the whole five day course.

Activities in the Health Education Section

The policy of using the Health Education lecture room as a centre of health education activities has continued and developed with notable success, a total of 262 meetings (176 day meetings and 86 evening meetings) having been held.

Professional and voluntary groups such as the Birmingham Council of Social Service, Nursery Matrons' Association, Society of Medical Officers of Health, Royal College of Nursing and Public Health Inspectors' Association have used the room 194 times, while uniformed youth groups have held 62 meetings and the general public 42 meetings.

FILM PREVIEWS: The customary practice of regular film reviews continued, providing a useful service to all members of the Health and other Departments of the Corporation. In this respect 37 films covering all aspects of Health Education were previewed in the Section.

Exhibitions

Exhibits were prepared for the in-service study weeks on "Dental Health" and "Young People in Contemporary Society", but the main effort was on the Home Safety Exhibition to follow up the January Campaign on burning accidents in the home. Display material was also prepared for the dental and welfare centres on various topics.

As a result of widespread public concern at the high incidence of burning accidents to children, a special conference was called in January 1964, and opened by the Lord Mayor. The Chairman of the Health Committee introduced the speakers - Mr. Jackson, Consultant Surgeon in Charge of the Burns Unit, Birmingham Accident Hospital, and Mr. Billington, City Coroner, who spoke of the dangers from fire and means of protection; later a panel of experts made important contributions. The conference was attended by over 550 people.

Following this conference the Department received many requests for home safety exhibitions and talks on the prevention of accidents. An easily transportable exhibition unit was devised which included material on home safety, fire prevention and a display of inflammable and non-inflammable fabrics.

During the year the Section has carried out the following programme using this unit for exhibition and talks as follows:-

Exhibitions:

Grammar School	29th June - 1st July
Secondary School	10th July
Factory	7th September - 14th September
Technical College	23rd November - 27th November

Exhibition, film, talk and discussion:

- 3 Secondary schools
- 3 Junior schools
- 3 Infant schools
- 9 Parents' Evenings
- 2 West Indian Federation Clubs

CHILDREN'S NIGHTDRESSES REGULATIONS 1964

From time to time serious accidents have occurred in homes where children's nightdresses have accidentally caught fire, resulting in severe burns to many children, and in a number of cases proving fatal. Unfortunately, some of the materials used for children's nightdresses are highly inflammable and when coming into contact with a naked flame or an electric fire quickly ignite, often with dreadful results.

The Consumer Protection Act, 1961 empowers the Secretary of State to make regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce the risk of death or personal injury.

Under this Act, The Children's Nightdresses Regulations, 1964 came into operation on the 1st October, 1964. The Regulations impose requirements in relation to children's nightdresses and accordingly under the Consumer Protection Act, 1961, subject to certain exemptions, no person may sell or have in his possession for sale, any child's nightdress which does not comply with the Regulations.

The Regulations apply only to children's nightdresses – and these are defined as nightdresses which:–

- (a) have a finished garment chest measurement not exceeding 38 inches and
- (b) are of a length which, measured from the highest point of the shoulder to the bottom of the garment, do not exceed 46 inches.

The Regulations do not apply to a nightdress which –

- (1) is so made or designed that it is unsuitable for wear by persons under the age of 13, or
- (2) is designed as an infant's gown suitable for wear by newly-born babies.

The effect of the Regulations is that all nightdresses coming within the scope of the Regulations must be made of a fabric which conforms to the low flammability requirements of the British Standard 3121; 1959.

It is the practice of some manufacturers to use elastic or elastic thread for shirring and this will still be permitted.

Some materials are chemically treated to make them flame resistant, and nightdresses made from such fabric must bear a warning against washing with soap or soap powder and against boiling or bleaching. A tie-on label is permitted as an alternative to a sewn on label on nightdresses sold up to the 1st April, 1965 but after this date all children's nightdresses made from this kind of fabric will be required to have a stitched warning label.

The Regulations apply to all children's nightdresses irrespective of the date of manufacture.

The local authority may purchase nightdresses for the purpose of testing whether the fabric is of low flammability, but the tests are required to be carried out by one of the six bodies authorised by the Secretary of State for this purpose.

Any person selling or having in his possession for sale children's nightdresses that do not conform to the Regulations will be guilty of an offence and liable on summary conviction to a fine not exceeding one hundred pounds, or in the case of a second or subsequent offence to a fine not exceeding two hundred and fifty pounds or to imprisonment for a term not exceeding three months or to both.

The total number of inspections carried out since the Regulations came into force was 462, but no contraventions of the Regulations were observed.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

During the year, 4,757 recommendations were made to the Housing Management Department concerning the general medical aspects of rehousing applications. These were classified as follows:—

APPLICATIONS FOR PRIORITY REHOUSING ON GROUNDS OTHER THAN TUBERCULOSIS

	<i>Points awarded</i>				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	NIL	10	20	30			
Psychological disorders...	269	528	248	92	5	1,142	24·0
Neurological disorders including fits	58	48	68	57	4	235	5·0
Chest disorders	246	685	320	188	4	1,443	30·3
Wounds	2	—	4	3	—	9	0·2
Blindness	12	14	16	41	1	84	1·8
Rheumatism and arthritis	62	83	171	129	2	447	9·4
Other orthopaedic disorders	47	46	65	46	2	206	4·3
Cardio-vascular disorders	75	101	128	269	8	581	12·2
Other physical defects ...	31	27	47	45	3	153	3·2
Gastro - intestinal disorders	60	37	27	24	—	148	3·1
Genito-urinary disorders	25	10	14	5	1	55	1·2
General debility and disorders not otherwise classified	106	87	41	20	—	254	5·3
TOTALS	993	1,666	1,149	919	30	4,757	100·0%

In an additional 233 cases no medical condition was found or a condition was found which was not related to the housing circumstances and the Housing Management Department was informed accordingly.

The figures given do not include recommendations made from the Chest Clinic in cases of tuberculosis which are recorded elsewhere in this Report; nor do they take account of the very many investigations which are made within the Department but which do not lead to any recommendation to the Housing Management Department.

The total of 4,757 recommendations made is the highest since 1953, the year in which the points scheme was introduced, and is more than 1,300 higher than the average for five years 1959 to 1963. Most of these recommendations concern applicants for their first municipal tenancy or the tenants of sub-standard houses who seek a move to better accommodation; but there is a substantial minority of applications from the tenants of sound houses who wish for a transfer. The most common reasons for such requests are difficulty with stairs, failure to adjust to life in a flat or the need for smaller accommodation because of advancing years.

As in previous years chest conditions are those which most commonly led to the award of medical points. Overcrowding within the house; the congestion of the 'Central Areas'; and, in cases with increasing breathlessness, the need for accommodation on one level, all make for a very close relationship between housing conditions and chest disease. Next in order of importance come psychological disorders and in the assessment of these difficult cases the help of the Mental Health Section is invaluable. Cardio-vascular disorders are found in third place numerically but as is usual this group contains the largest number of substantially handicapped persons who are recommended either for 30 points or for immediate rehousing.

The assessment of the small number of cases who need immediate housing irrespective of their position on the waiting list is an important part of the work. It is an almost invariable rule that cases which seem likely to come into this category are visited by a medical officer. In this way every care is taken in selecting those cases which are finally recommended and in indicating the type of accommodation which is required. In the majority of such cases suitable accommodation is found by the Housing Management Department and accepted by the applicant but occasionally our efforts come to naught because the applicant refuses an offer of apparently suitable accommodation for what seem to be trivial reasons.

During the course of a year a very considerable amount of time and effort is devoted to the resolving of situations in which health and housing are interrelated but, with the prevailing housing shortage in Birmingham, it is inevitable that, at the end of the year, many cases still remain unresolved. The task of making the best and fairest use of limited housing resources can never be easy.

DOMESTIC HELP SERVICE

(SECTION 29 – NATIONAL HEALTH SERVICE ACT, 1946)

Some thirty years ago the great social evil was unemployment. To-day in the City of Birmingham there is full employment, and during most seasons of last year vacancies for female labour could not be filled. A consequence of full employment is that the mass of people between 15 and 65 years are working and are away from home for a long period during the day. This is very much in contrast to a generation back when there was a daughter or granddaughter at home to look after the old folk. Today the number of such spinsters in the community grows fewer, with a consequent dearth of family assistance for the aged. Due to the pressures of a housing shortage young married couples, if they can afford to, live in the neighbouring dormitory towns often leaving the ageing parents in their original home in the heart of the City. Nowadays, even when home conditions and income are good, there is often no one to look after the elderly. This is of no consequence when the aged are independent, fully ambulant, can cook adequately, dress themselves, shop and attend to their creature comforts. If they are aged 75 years or over, and there is a growing number of this age group in the City, they are not as a rule able to help themselves adequately and if not assisted may have to take more and more to their beds. When they become ill, even with a very minor illness, and when there is nobody to look after them, dangerous situations can arise which could be avoided with a little care, especially when such patients are left without warmth food and drink. It is now recognised that dehydration is one of the factors which lead to episodic mental aberration and its consequences in the aged.

An added burden to the domiciliary services has been the lack of hospital accommodation for the aged which in its turn has been aggravated by the lack of welfare home accommodation. The pressures on the home help service have been very great during 1964 with the increasing number of feeble aged and the poor recruitment of home helps. Less time than needed has been devoted to many cases. Often, to meet the requirements of an urgent case, those with less urgent needs had to manage with less help or remain unattended. The waiting lists for help remained large but fairly constant. With increased demand this has been achieved only by asking the home helps to undertake greater case loads.

The following table is illustrative of the general position during the year:—

1964	<i>Equivalent whole time home helps</i>	<i>No. of cases attended</i>	<i>No. of applications</i>	<i>No. on waiting list</i>
January	506	3323	355	429
February	504	3341	291	383
March	503	3360	239	406
April	505	3418	354	375
May	503	3475	266	384
June	506	3442	264	353
July	507	3431	242	414
August	506	3418	188	406
September	507	3454	234	381
October	508	3457	289	397
November	511	3548	314	317
December	515	3578	212	340

It was pointed out in the 1963 Annual Report that this problem of the care of the aged is increasing at a rate not experienced hitherto and its implications, both medical and social are not fully comprehended. The community must take an increasing part in “good neighbourly” actions or bear the brunt of more costly local authority services to meet the need.

Added to the difficulties of recruitment in 1964 were the considerable number of resignations from the service. Over one-third of the staff resigned and were replaced. The number of new applications for the services of home helps reached 3,822 – a record figure – and, of these, 387 were judged to be not urgent or capable of being met by other arrangements. The rate of sickness was high amongst the organisers, a total of 39 weeks being lost. One result was that the number of visits made by the organisers has decreased. These visits are extremely necessary to maintain a high standard of efficiency.

As in each section of the Health Department, certain members show their understanding of social responsibility far beyond the bounds of duty. Some go back at night, unpaid, to make sure the elderly are comfortable, take back home their curtains and their soiled linen to wash. Some took the lonely aged whom they look after into their homes at Christmas, and it is known that some have helped the poor aged from their own financial resources. These good deeds are heard about much later from sources other than the home help who performed the kindly act. This indeed is charity in the highest sense of the word.

Further successful efforts were made during the year to effect as much co-operation as possible among the domiciliary social services and with other bodies. With the decentralisation of the geriatric health visiting

service to welfare centres where a home help organiser had already been established, the idea of team work is developing, not only among local authority workers but with the general practitioners. Meetings were held between senior officers of this section and of other departments, with area managers from the National Assistance Board and with representatives from the Birmingham Council of Social Service. The home help organisers have now a direct link with the organiser for the Visiting Service for Old People, and through this means school children visit a number of homes to assist the aged in the best way they can.

The work of the home helps delegated to the Mental Health Section again shows an increase with 29 more applications for the service. Help was given to families with a total of 540 children during the year.

Health Education is an integral part of public health work and at the administrative officers of the section have given freely of their time to lecture to various clubs and societies.

Statistics

DOMESTIC HELP SERVICE

<i>Number of home helps at end of year</i>			<i>1964</i>	<i>1963</i>
Full-time (42 hours and over weekly)	...	...	48	46
Part-time (30 hours and over weekly)	...	...	245	229
Part-time (under 30 hours weekly)	...	...	635	626
			<hr/> 928	<hr/> 901

<i>Number of families assisted during the year</i>						<i>Families</i>	<i>Incapacitated persons in households</i>
1. Maternity	...	...	...	...	...	579	579
2. Illness of housewife—							
(a) Diseases of circulatory system	...	Over 65	...	...	...	507	536
		Under 65	...	...	...	80	86
(b) Cancer	...	Over 65	...	...	...	142	167
		Under 65	...	...	...	64	72
(c) Vascular disease of central nervous system	...	Over 65	...	...	...	281	302
		Under 65	...	...	...	86	97
(d) Diseases of respiratory system (other than tuberculosis)	...	Over 65	...	...	...	216	237
		Under 65	...	...	...	35	37
(e) Respiratory tuberculosis	...	...	...	...	...	15	15
(f) Other illnesses	...	...	...	...	...	416	535
3. Aged persons (65 and over not included above)	...	...	...	...	...	3,136	3,618
4. Potential problem families	...	...	...	...	...	77	279*
5. Problem families referred by Psychiatric Social Service	...	...	...	...	...	51	261*
						<hr/> 5,685	<hr/> 6,821

<i>Visits paid by organisers</i>							1964	1963
Maternity cases	...	...	...	...	...	...	577	598
Ill housewives	...	...	...	...	...	...	1,363	1,718
Old persons	...	...	...	...	...	...	9,348	10,818
Potential problem families	...	...	...	...	...	...	177	65
							<hr/> 11,465	<hr/> 13,199

*Number of children in need of care and help.

NIGHT WATCHER SECTION

			1964	1963
<i>Number of Night Watchers at the end of the year</i>	...		47	36
			<i>Incapacitated persons in</i>	
<i>Number of families assisted during the year</i>			<i>Families</i>	<i>households</i>

Diseases of—

(a)	Circulatory system	...	...	...	Over 65	...	20	20
					Under 65		1	1
(b)	Cancer	...	...	...	Over 65	...	13	13
					Under 65...		4	4
(c)	Vascular disease of central nervous system	...	...	...	Over 65	...	23	23
					Under 65		4	4
(d)	Diseases of respiratory system	...	...	...	Over 65	...	3	3
					Under 65		1	1
(e)	Other illnesses	...	...	...	...	...	8	8
(f)	Aged persons							
	(65 years and over not included above)	...	...	...			103	106
							<hr/> 180	<hr/> 183

Visits Paid by Organisers

By day	...	...	...	123
By night	...	...	...	89
				<hr/> 212

MENTAL HEALTH

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946:
MENTAL HEALTH ACT, 1959)

The Mental Health Service of the Health Department is constituted as follows:—

1. MENTAL WELFARE SECTION
2. FAMILY CARE SECTION
3. PARENT AND CHILD CENTRE

I. Mental Welfare Section

The workers of this section provide a community care service for the mentally disordered under the Mental Health Act, 1959, and Section 28 of the National Health Service Act, 1946. All the staff are designated Mental Welfare Officers and undertake the full range of duties under these Acts, working in one of four divisions corresponding to the reception areas of the four psychiatric hospitals serving the City. At three of them they undertake social work duties within the hospital in addition to their work as members of the Local Health Authority team.

Table III below summarises the work undertaken by the Section during the year, the corresponding figures for 1963 being given in brackets.

TABLE III

Patients admitted under Section 29, Mental Health Act ...	631	(635)
" " " Section 25, " " " ...	226	(227)
" " " Section 26, " " " ...	77	(90)
" " " Section 60, " " " ...	56	(45)
" " " Section 61, " " " ...	1	(1)
" " " Section 65, " " " ...	I	(2)
Patients admitted informally... 	3,931	(3,775)
After-care visits 	8,850	(6,467)
Pre-care visits	11,721	(10,089)
Patients taken for out-patient treatment	298	(222)
Social histories	317	(372)
Housing enquiries 	148	(438)

(Some individual patients appear in more than one of the above groups).

TABLE I

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1964.

Referred by	Mentally ill				Psychopathic				Subnormal				Severely sub-normal				Totals				Grand Total
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
(a) General practitioners	5	4	230	407				1		1		3	2				7	5	230	411	653
(b) Hospitals, on discharge from in-patient treatment			134	148							1	2							135	150	285
(c) Hospitals, after or during out-patient or day treatment	2	2	83	131					1	2	2	2	8	7			11	11	85	133	240
(d) Local education authorities	6	5	2	3						2	5	2	41	20		2	47	27	7	7	88
(e) Police and courts			115	48					1		15	3					1		130	51	182
(f) Other sources	55	49	174	232					2		26	24	13	4		3	70	53	200	259	582

TABLE II

[illegible]

The total number of patients admitted compulsorily under the various Sections of the Mental Health Act, 1959, has remained almost constant; 992 (1,000). The number admitted for treatment (Section 26) has decreased to 77 (90), but the upward trend for those admitted under hospital orders made by the Courts (Sections 60, 61 and 65) has continued; 58 (48).

The number of patients referred for after-care on leaving psychiatric hospitals and clinics continues to rise; 525 (458), and resulted in 8,850 (6,467) home visits being paid by the mental welfare officers. Although there has been an addition of seven mental welfare officers during the year, the increasing volume of work is putting a considerable strain upon the staff. The number of visits paid in connection with 'pre-care' cases, i.e. those cases referred from non-psychiatric sources within the community, not specialising in psychiatry has also increased; 11,721 (10,089), although the actual number of referrals (Table IV.) has decreased; 146 (193). These cases tend to be extremely complex and time-consuming. They often represent social, family and marital problem situations which have been unsuccessfully dealt with by other social agencies because of their intractability. The persons concerned frequently present quite acute psycho-social problems, behaviour difficulties, suicidal tendencies, etc., which create alarm and anxiety in those around them. The Mental Health Service tends at such times to be the obvious agency to which to turn.

TABLE IV

General Practitioners ...	...	...	...	...	...	50	(41)
Direct Referrals ...	...	...	...	...	...	38	(50)
National Assistance Board ...	...	...	...	...	...	17	(21)
Welfare Service ...	...	...	...	...	...	7	(7)
Police Service ...	...	...	...	...	...	5	(4)
Children's Department ...	...	...	...	...	...	2	(2)
Health Visitors ...	...	...	...	...	...	13	(25)
Other Social Services ...	...	...	...	...	...	4	(20)
Ministry of Labour ...	...	...	...	...	...	4	(3)
Housing Management Department ...	...	...	...	...	...	4	(4)
Education Department ...	...	...	...	...	...	2	(16)
TOTALS ...						146	(193)

These patients were referred for community care only and are also included in Table I.

HOSTELS

Two hostels are maintained by the Health Committee. Over the past year referrals have increased and the purpose of the hostels has somewhat changed. The original intention was to accommodate persons discharged from psychiatric hospitals who were recovered or recovering from a mental illness and although capable of work, required help and assistance in taking their place in the community. As the work and benefit of the hostels has become more widely known, referrals have increased from sources

other than the psychiatric hospitals, e.g. psychiatric clinics, the Children's Department, medical social workers of general hospitals, and from the hospitals for the mentally subnormal.

Many of the women residents, although needing some support, are quite capable of performing resident domestic work within a hospital or residential school. During holiday periods these persons, the majority of whom are without relatives, return to the hostels for temporary accommodation.

The figures below indicate that about 25 per cent. of the residents relapse and return to hospital. Others, after leaving the hostels, maintain themselves in the community almost indefinitely. The balance relapse and return to hospital within twelve months or so. Nearly all the residents require, to some extent, support and help from the mental welfare officers, and thought is being given to a different type of hostel in the future which could offer more permanent accommodation in some cases. This would assist in maintaining persons in the community who are capable of performing work of a more or less repetitive nature but only of earning a small wage and requiring a permanent sheltered environment.

<i>Bed Complement</i>	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
	12		12	
	M	F	M	F
No. accommodated during the year	25	24	13	39
<i>Movement during the year</i>				
Discharged to lodgings, relatives or residential jobs	14	11	8	26
Returned to hospital	7	6	—	6
Still in residence at 31.12.64 ...	4	7	5	7
	—	—	—	—
	25	24	13	39
	==	==	==	==

COMMUNITY CARE OF THE MENTALLY SUBNORMAL

The supervision of all mentally severely subnormal children up to the age of 16 years, previously undertaken by the Education Committee on behalf of the Health Committee, was transferred to the latter Committee during the year.

Facilities for the training of the mentally subnormal are provided at eight junior special training centres and two adult training centres, one for women and the other for men. All of the junior centres are administered by the Education Committee on behalf of the Health Committee.

The activities of the **junior special training centres** cover elementary speech training, word recognition, music and movement, habit training domestic and sense training, physical training and handi-crafts.

As in previous years, the children attending junior centres were taken on various day trips, "Open Days" were arranged and each centre had a Christmas party. Four parties of junior special training centre children spent a week at three residential schools during the summer holidays; at Haseley Hall, near Warwick; Skilts Residential School, near Redditch; and Martineau House Seaside School at Bognor Regis. In addition, a party of 20 children was provided with a week's holiday in the country.

About two-thirds of these trainees attending these special training centres travel by public service vehicles and the fares are paid by the Health Committee. Guides are provided where necessary. One hundred and forty physically handicapped severely subnormal children are conveyed by private hire cars. Forty-seven severely subnormal children, unable to attend special training centres or awaiting admission, receive training in their own homes.

At the **senior special training centres**, outwork for local firms has been continued. The profits earned are distributed among the trainees on the basis of hours worked, without regard for their different speeds. The amount earned has not affected the National Assistance allowance.

Over the last four years, 203 youths were offered places at the senior special training centre for males at Aldridge Road; 157 remain on the register. Of those who have left, 19 have found remunerative employment in open industry.

The Aldridge Road centre was partially closed from July until November whilst extensions were completed to bring facilities up to a more acceptable standard and to make the premises suitable for accommodating a proportion of women trainees.

A new centre to replace the senior training centre for women, is to be opened at Spring Road, in the Lea Bank area, in 1965, and will be run in conjunction with the other adult training centre by the Health Committee. Both men and women will receive training there.

Two small parties of women trainees from the Bell Barn centre spent a week's holiday at Rhyl.

As will be seen from Table II there are 136 cases awaiting admission to psychiatric hospital, 66 of whom are regarded as urgent. To relieve families who have severely subnormal children at home awaiting admission, help was given by three local psychiatric hospitals for the mentally subnormal by admitting some as day patients. St. Margaret's Hospital, Great Barr, agreed to take two young children for six weeks in the summer and extended the facility until the end of the year; six children and two adults attended Chelmsley Hospital regularly, and three adults went to Monyhull Hospital. Taxi transport was provided for all as in most instances the patients were physically handicapped. The Health Committee are grateful to the hospitals for these facilities which have been much appreciated by the relatives.

Twenty-seven children were admitted to hospitals for short-term care.

Nechells Green Health Centre

In June an out-patient session for severely retarded children and mentally handicapped adults was commenced at Nechells Green Health Centre. The consultant psychiatrists from Chelmsley and Coleshill Hall Hospitals have seen 17 children and 14 adults, all having previously been seen by an educational psychologist. Of the 17 children seen, six were under five years.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

Junior Special Training Centres

					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					M	F	M	F	
Erdington	...	...	...	...	34	15	4	7	60
Fox Hollies	...	...	...	...	31	27	—	2	60
Hobmoor	...	...	...	...	16	15	2	4	37
Kingstanding	...	...	...	...	21	8	5	3	37
St. Paul's	...	...	...	...	31	13	2	2	48
Selly Oak	...	...	...	...	27	27	4	4	62
Stechford	...	...	...	...	23	20	6	8	57
Wretham Road	...	...	...	...	17	21	3	6	47

Senior Special Training Centres

Aldridge Road	...	...	...	...	—	—	157	—	157
Bell Barn	...	...	...	...	2	1	9	97	109

SOCIAL CLUB

During the year the Club has continued to provide a homely friendly atmosphere where a shy withdrawn person can safely practise making social relationships. The Club members undertake a variety of activities ranging from playing cards, dominoes or darts, to painting and model-making, or just drinking tea and talking. The only organised activity in the year was a Christmas party. Members prepared for this by making their own Christmas decorations and painting scenes to hang round the walls in the club room. A group of members played a flute and recorders to accompany others who sang carols.

The average membership of the club remains 18.

PSYCHOLOGICAL REPORTS

Work done by the educational psychologists, largely on behalf of the Children's Department was as follows:—

Reports for Magistrates	...	...	...	...	...	...	675
Reports for Mental Health Section	...	...	...	...	...	...	25
							<hr/> 700 <hr/>

II. Family Care Section

This section has continued to give intensive help through its social workers and special home helps to families showing acute social difficulties. These families present multiple problems of social disorganisation and isolation, and are usually under considerable pressure from the community because of their failure to conform in the way normally expected of them. Many of the problems stem from the adult members' personal difficulties and from marital disharmony.

The staffing position has been difficult during the year owing to the resignation of four social workers to take other posts, and inevitably the workers who replaced them have had to take time to become fully conversant with the Section. At the end of the year six social workers and a trainee were in post. The number of families being helped was 89.

Throughout the year the Section has continued to work in the closest co-operation with other statutory and voluntary agencies in the City, as well as with other Sections of the Public Health Department. Many of the problems which the families have are the concern of a variety of official services, and without this close co-operation little effective work can be accomplished.

A new venture during the year was an organised holiday for selected mothers and their children, at Clevedon in Somerset. A party of eight mothers and 28 children, together with three of the special home helps and two of the social workers, spent a week at a small hotel which normally caters for school children on educational trips. The experiment was very successful, both the mothers and children clearly benefiting from the break by the sea. It is hoped that this type of holiday will be arranged in future as an annual event. Outings were also arranged with the kind assistance of the W.V.S. to the Lickey Hills and to Dudley Zoo.

The Mother and Baby Club continues to meet weekly. Again the great help given by the W.V.S. is much appreciated. Between 10 and 15 mothers, accompanied by their children under 5 years of age, attend regularly. The children play under supervision while the mothers meet in a separate room. The club serves a dual purpose of allowing the mothers an afternoon out away from the cares of attending to their small children, and also to undertake activities of their own, either of a social or a practical nature such as sewing.

During the year a senior social worker has worked in the Sparkbrook area in close liaison with the staff of the Sparkbrook Association. Office facilities have been available at their headquarters, and this has greatly assisted in the close co-operation which has developed. Regular contact has been kept with the Association's play centres and this has proved a valuable means of reaching some families who are in need of help but who are unable, sometimes for cultural reasons, to use the normal social services.

III. Parent and Child Centre

During the year the name of the Centre was changed from Parent Guidance Clinic, as an attempt to correct the impression that parents are held responsible for behaviour disorders in young children. It was felt that the old name had a patronising and guilt-evoking ring about it. Whilst it is true that in treating small children the approach must be through the parents, it would be quite wrong to imply that the cause of the child's behaviour disorder is to be found in the parents alone. Popular opinion is already heavily weighted against parents when a child's behaviour takes socially unacceptable forms. It is doubtful whether such a one-sided bias achieves positive results, and the really neglectful parent is unlikely to be affected by the censorious attitude of society, whereas large numbers of ordinary well-meaning parents acquire such guilt feelings about their own inadequacy that this in itself impairs their parental functioning. The new name should go some way towards giving recognition to current thinking about the parent and child relationship; that it should be seen as a complex product of a two-way interaction in which cause and effect are often difficult to distinguish.

New referrals to the Centre have fluctuated between 5 and 20 a month and a total of 127 new cases was opened during the year. Two-thirds of these came from the Maternity and Child Welfare Centres, and the bulk of the remainder were either direct referrals from general practitioners or from nursery schools. The number of cases being dealt with at the end of the year was 215.

An increasing contact with Officers of the N.S.P.C.C. has been particularly welcomed, and the opportunity has been used to discuss cases which they refer.

Rewarding results have been obtained with a small number of brain-damaged children between the ages of $2\frac{1}{2}$ and $4\frac{1}{2}$. In these cases supportive counselling of the parents is an integral factor in the treatment of the child. In two cases the child received individual play therapy, in one instance three times a week, and these children could subsequently be fitted into a normal nursery group. Stimulating contact with other children appears to offer a chance of improvement for this particular group of mentally handicapped children, who are often of good intelligence.

During the year Dr. J. E. Varley, Consultant Psychiatrist, has been able to attend the Centre one session a week, and it has also been fortunate in acquiring the services of a senior educational psychologist, who has given invaluable help in an honorary capacity. This interest in the continued work of the Centre is an indication of the value placed upon the contribution it is making in a programme of preventive mental health.

Educational Programme

Members of the staff have continued to work in conjunction with the Health Education Section and have undertaken 19 lectures. They have also co-operated in other educational programmes in the City. Student social workers continue to spend periods of practical work training in the various Sub-Sections of the Service under the supervision of senior members of the staff.

In addition to the educational activities undertaken by some members of the staff, others have themselves been seconded to full-time courses of further training. During the year two senior officers attended courses at the National Institute for Social Work Training, one officer at the City of Birmingham College of Commerce, and two officers at the University of Southampton. Thus the number of staff holding professional qualifications in Social Work continues to increase. In addition a member of the staff of Aldridge Road Senior Training Centre has attended a full-time course for teachers of the mentally handicapped, organised in Birmingham by the National Association for Mental Health.

Educational psychologists in training at the Institute of Education have attended the Parent and Child Centre to observe the work being undertaken there.

Administration

(a) Mental Health Sub-Committee of the Health Committee, composed of Chairman and twelve members of the Health Committee. Monthly meetings are held.

(b) Number and qualifications of staff employed in the mental Health Service:

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Mental Health Sub-Committee – Deputy Medical Officer of Health, M.B., Ch. B., D.P.H.

1 Chief Assistant – Certificate in Social Administration and in Psychiatric Social Work (Manchester).

1 Deputy Chief Assistant – Certificate of Poor Law Examinations.

1 Administrative Assistant.

MENTAL WELFARE SECTION

4 Divisional Mental Welfare Officers – one holding Certificate in Social Work.

8 Senior Mental Welfare Officers – one holding Certificate in Social Science, one the Diploma of the National Association for Mental Health, and six Registered Mental Nurses.

13 Mental Welfare Officers – two holding Certificates in Social Science, and ten Registered Mental Nurses.

1 Trainee Mental Welfare Officer.

Clerical staff – 3 Clerks, 1 Junior Clerk, 5 Shorthand-typists.

FAMILY CARE SECTION

- 1 Caseworker – B.A. (Soc.) Degree.
- 4 Assistant Caseworkers – one holding B.Sc. (Soc.) Degree, two holding Certificates in Social Science, and one holding a Certificate in Social Work.
- 1 Trainee Caseworker.
- Clerical staff – 1 Shorthand-typist.

PARENT AND CHILD CENTRE

- 1 Senior Psychiatric Social Worker – Certificate in Psychiatric Social Work.
- 1 Psychiatric Social Worker – Certificate in Psychiatric Social Work.
- 1 Social Worker – State Registered Nurse.
- 1 Shorthand-typist.

Senior Special Training Centre, Aldridge Road

(Under Management of Health Committee)

- 1 Warden (Teacher's Certificate, M. Col.H.).
- 1 Deputy Warden (Teacher's Certificate).
- 1 Supervisor – Diploma of National Association for Mental Health.
- 1 Assistant Supervisor.
- 1 Senior Instructor.
- 6 Instructors (Three are qualified tradesmen, City and Guilds, and R.H.S.).
- 3 Assistant Instructors.
- 1 Clerk (part-time).
- 4 Kitchen Attendants (part-time).
- 1 Caretaker.

Senior and Junior Special Training Centres

(Under the management of Education Committee on behalf of Health Committee)

- 1 Organiser.
- 9 Supervisors (Seven hold Diploma of National Association for Mental Health).
- 27 Assistant Supervisors (ten hold Diploma of National Association for Mental Health).
- 6 Trainee Assistant Supervisors.
- 13 Welfare Attendants.
- 10 Dinner Attendants (part-time).
- 3 Home Teachers.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1964 there were nine Nursing Homes on the register, providing 195 beds. One home with 18 beds was transferred to the supervision of the Welfare Department during the year. No new homes have been registered.

The total number of visits paid to nursing homes during the year was 40 (31 by medical officers and 9 by supervisors of midwives).

(2) Nursing Agencies (Nurses' Agencies Act, 1957)

Renewal of licence was granted to the only agency operating in the City at present.

MEDICAL CARE OF DEPRIVED CHILDREN

CHILDREN ACT, 1948

The total number of children in the care of local authorities in England and Wales on 31st March, 1964 was 66,281 compared with 64,807 on 31st March, 1963. Comparable figures in Birmingham were 1,722 and 1,604 respectively.

The total number of children admitted to the care of the Local Authority during the year ending 31st March, 1964 was 1,784 compared with 1,526 the previous year and 1,494 in 1962. The numbers of children discharged from care were 1,666, 1,520 and 1,388 respectively. Of the 1,666 discharged, 1,496 returned to the care of their parents, relatives or friends, and included the revocation of Fit Person Orders. The number of children living at home on trial with their parents or relatives on 31st March, 1964 was 86 compared with 77 on 31st March, 1963.

By the end of 1964 the total number of children in care under the Children Act, 1948 or committed to care under the Children and Young Persons Act, 1933 had risen to 1,807. During 1964 there were 1,974 admissions and 1,783 discharges under the Children Act, 1948, and 78 committals under the Children and Young Persons Act, 1933 or the Matrimonial Proceedings Acts: 82 committal orders were revoked or expired.

Admission applications were made to the Children's Department in respect of 4,568 children during the year ending 31st March, 1964 and 1,704 (i.e. 37.3 per cent.) of these were accepted.

The number of illegitimate children coming into care during the year ending 31st March, 1964 because their mothers could not provide for them, was 54 compared with 58 in 1963.

Boarded-out Children and Children in Residential Establishments

The number of children boarded-out in Birmingham on 31st March, 1964 in terms of the Boarding-Out of Children Regulations, 1955, together with children in lodgings and residential employment was 570 compared with 530 on 31st March, 1963.

The following children have been admitted to hospital during the year:-

(a)	From residential accommodation (Birmingham Children's Committee)	...	...	...	...	...	...	87
(b)	From other local authorities' and voluntary homes	...	...	...	...	...	...	19
(c)	Boarded-out	...	...	...	...	...	...	17
TOTAL								123

The reasons for admission to hospitals were as follows:-

Psychiatric problems	...	1	Infections	...	...	32
Operations	...	41	Accidents	...	...	6
Miscellaneous	...	39	Tuberculosis	...	...	4

Routine medical examinations continue to be carried out by general practitioners and by Local Authority medical officers. No special problems have been found following these examinations.

It is the practice of the Children's Department to refer prospective foster parents for further investigations as to their medical suitability if there is any doubt at the time of their application. In 1964 further investigations were carried out on seven prospective foster parents of whom five were recommended and two were not. Also in connection with prospective foster parents, enquiries are made as to whether the household is known to the health visitor for the area concerned. In 1964 six enquiries were made, three were known and three were not known.

General practitioners and assistant medical officers share the work of immunisation and vaccination of children in the children's homes, family homes and residential nurseries out of the City.

The number of mentally and physically handicapped children in care are presenting an increasingly difficult problem. It is very difficult for the staff to devote sufficient time to these children. Should the ratio of handicapped to normal children become too high it will create a situation which makes constructive care of the deprived children very difficult.

During 1964 there were 38 mentally handicapped children in care - four of these were admitted to care in 1964, and four were discharged to hospitals. There are 13 mentally handicapped children resident in mental hospitals who are still in the care of the Children's Committee.

Deaths

There were three deaths during the year:-

C.M. born 21.1.63: This little girl was admitted to care in February as the mother was mentally incapable of looking after her. She was very delicate and had been in hospital because of vomiting blood and losing weight. She became ill on 4.5.64 with acute vomiting but was dead on re-admission to hospital on that same day. Post-mortem findings showed peripheral circulatory failure, due to acute enteritis.

R.P.W. born 12.12.63: This little boy was taken into care because his mother was in a mental hospital. He was admitted to hospital with signs of bronchiolitis, congenital heart disease and mongolism. X-ray showed his heart to be large and with signs of failure. He was discharged from hospital and died at Erdington Cottage Homes on 23.5.64.

G.C. born 10.5.64: This little boy was admitted to care on 2.7.64 because of inadequate maternal care. There was history of "chesty colds".

Prior to his death he had no chest or head cold and was not receiving any drug therapy. He died of asphyxia on the night of 9th/10th August. The verdict of the Coroner was, "death due to misadventure".

ADOPTION OF CHILDREN

Adoption agencies throughout the country are seriously considering the type and scope of examination which should be given to prospective adopting parents and children placed for adoption. General consensus of opinion favours a thorough investigation of prospective adopting parents and the deferring of placing children for adoption who may be in the "at risk" group, i.e. those children who for medical reasons may develop an abnormality in later life, until a definite prognosis can be given.

In accordance with the Adoption Agencies Regulations, 1959, all prospective adopting parents are investigated as to their previous health and antecedents. A recommendation is then made for further consideration to be given to their application. During 1964 there were 107 couples investigated, 86 were recommended as medically fit, four were found to have some medical condition which would be detrimental to the placing of a child with them, and seven were deferred for review in six to twelve months' time. In three cases it was recommended that the child should be given B.C.G. vaccination before placing. Three couples were recommended to foster a child rather than adopt and one couple was recommended to foster a child with a view to adoption. Six couples withdrew their applications.

In accordance with the Adoption Act, 1958 information is given through the Birmingham Children's Department to adoption societies on whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitors' record cards and personal knowledge of the family. In 1964 there were 91 enquiries made, 26 were recommended for consideration, 64 were not known to the health visitors and one was not recommended.

Statistics

During 1964 a twice-weekly adoption clinic was held - a total of 91 sessions in all. All preliminary examinations were conducted at the adoption clinic with the exception of 21 cases examined at mother and baby homes and residential nurseries. A total of 347 examinations was carried out. The results of these examinations were as follows:-

(a) Preliminary Examinations	...	...	...	...	...	...	126
Fit for placing	...	...	...	...	...	...	118
Unfit for placing	...	...	...	...	...	...	4
Prematurity	...	...	...	...	...	1	
Central nervous system lesion	...	...	...	...	...	3	
Withdrawn	...	...	...	...	...	...	4

(b) <i>Final Examinations</i>	...	...	...	...	...	...	...	200
Children's Department placings	...	...	...	...	...	...	128	
Other adoption societies	...	...	...	...	...	...	56	
Private and third party placings	...	...	...	...	...	...	12	
In residential care	...	...	...	...	...	...	4	

Results of Examinations:

Healthy...	...	...	...	...	...	...	169
Adopted, but not ideal	...	...	...	...	...	...	3
Second generation mental defective	...	...	...	...	...	...	1
Low development quotient (certificate signed by private doctor	...	...	...	...	...	...	1
Poor family history: mother schizophrenic	...	...	...	...	...	...	1

Minor defects (20 defects in 19 children and no contra-indication to adoption)	19
--	-----	-----	-----	-----	-----	-----	----

Anaemia	...	...	...	1	Respiratory system	...	3
Eczema	...	...	...	2	a) inflammatory condition of	...	
Enlarged thymus	...	...	...	5	lung	...	2
Orthopaedic defects	...	...	...	3	b) asthma	...	1
a) pes cavus	...	...	...	1	Sl. positive Mantoux on repeat test	...	1
b) tilted pelvis	...	...	...	1	Mild facial paresis	...	1
c) torticollis	...	...	...	1	Slow general development	...	2
(mild)	...	...	...	...	Hearing defects	...	2

Major defects	9
---------------	-----	-----	-----	-----	-----	-----	-----	---

Unfit for adoption	...	...	...	...	...	...	4
a) Craniostenosis with left hemiplegia	...	...	...	...	...	...	1
b) Cerebral palsy with mental retardation (adopted nevertheless)	...	...	...	...	...	...	1
c) Prematurity with anoxia	...	...	...	...	...	...	1
d) Mental retardation	...	...	...	...	...	...	1
Deferred, then finally adopted	...	...	...	...	...	...	2
a) Congenital heart murmur	...	...	...	...	...	...	1
b) Prematurity with ventricular septal defect	...	...	...	...	...	...	1

Deferred because of low developmental quotient	...	...	...	...	...	...	3
Fostering advised	...	...	...	...	...	...	2
Court certificate signed by private doctor	...	...	...	...	...	...	1

c) <i>Reviews in 1964 from 1960 - 1964</i>	16
--	-----	-----	-----	-----	-----	-----	----

Passed fit for adoption	...	...	...	...	...	...	13
Unfit for adoption	...	...	...	...	...	...	3
a) athetosis	...	...	...	...	...	...	1
b) mental retardation	...	...	...	...	...	...	1
c) possible central nervous system lesion	...	...	...	...	...	...	1

d) Children seen for assessment of developmental quotient	5
---	-----	-----	-----	-----	-----	-----	---

REMAND HOMES AND APPROVED SCHOOL

	FORHILL	MOSELEY ROAD	THE LIMES	SHAWBURY
<i>Capacity</i>	50	30	18	80
Admitted to hospital	1 Rheumatic fever 1 Cellulitis of knee 1 Swelling of joints in feet 1 Acute rheumatism 1 Inflammation of left knee	2 Tonsillectomy 1 Jaundice 1 Broken wrist	1 Severe attack of asthma	1 Swallowed hard objects 1 Investigation - mental 1 Removal of toe nail 1 operation on nerves of hand 1 Laceration of wrist
Infectious diseases	1 Throat infection 1 Pharyngitis 1 Influenza 7 Tonsillitis 1 Mumps	1 Tonsillitis 1 Throat infection		24 Throat infection 49 Influenza 2 Tonsillitis
Medical Examinations	8	—	105	—
Routine				
On admission	572	276	141	57
On discharge	114	76	159	33
Dental inspection/treatment	—	1 Abscess on gum	—	—

RESIDENTIAL NURSERIES

	FIELD HOUSE	FLINT GREEN	HAWTHORNE HOUSE	OAKLANDS	PEPE HAYES	WYCHBURY
<i>Capacity</i>	40	25	40	40	35	22
Admitted to hospital	1 Inguinal hernia 1 Motor vehicle accident	1 Gastro-enteritis	1 Eye infection 1 Foreign body in nostril 2 E.Coli infection 9 Dysentery 1 Diarrhoea and high temperature 1 Dysentery and ? convulsions 1 Clinical dysentery	1 Broncho-pneumonia 1 Abscess and chest infection 1 Shigella infection	1 Tonsillectomy	3 Tonsillectomy
Infectious diseases Children	16 Chickenpox	12 Bronchitis 1 Pneumonia 14 Dysentery 1 Diarrhoea 10 Upper respiratory tract infection	6 Dysentery 17 Vomiting and diarrhoea 1 German measles 1 Bronchitis 2 Chest infections	3 Influenza 1 Gastro-enteritis 10 Measles	10 Chickenpox 13 Tonsillitis 2 Otitis media 2 Diarrhoea	2 Vomiting 3 Diarrhoea 5 Tonsillitis 1 Influenza 1 ? Laryngeal stridor 1 Throat infection
Staff	11 Jaundice 1 Tonsillectomy 1 Debility	3 Dysentery	2 Dysentery 1 Diarrhoea 1 German measles 1 Tonsillitis	1 Tonsillitis	—	3 Vomiting 3 Influenza 3 Tonsillitis 1 Gastro-enteritis
Medical Examinations Routine	104	202	225	143	103	64
On admission	6	10	8	6	10	2
On discharge	74	25	27	69	56	15
Phenylketonuria tests	—	—	—	—	—	—
Dental inspection/treatment	20	36	25	2	75	2

CHILDREN'S HOMES AND BOYS' HOSTELS

	Erlington Cottage Homes	Shenley Fields	Copeley Hill Hostel	Milton Grange	Pebble Mill House	7 Chamberlain Road	124 Church Lane	190 Adams Hill	76 Admingtn Road	76 Alvechurch Road	18 Braymoor Road	8 Bridgeburn Road	20 Chattock Close	121 Clopton Road	79 Duchess Road
Capacity	240	150	28	14	20	14	16	8	8	8	8	8	8	8	8
Admitted to hospital	24	14	1	—	—	3	3	4	—	—	—	1	—	1	—
Other conditions	13	12	1	—	—	1	2	2	—	—	—	1	—	1	—
Infectious diseases	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—
Tonsillectomy	11	2	—	—	—	—	—	2	—	—	—	—	—	—	—
Infectious diseases:	2 Impetigo 1 Salmonella infection 5 Scabies 10 Chickenpox 62 Sore throats 2 Bronchitis 1 Chest infection 10 Tonsillitis 3 Influenza 2 Mumps 1 Herpes	3 Impetigo 5 Influenza 5 Mumps 5 Scabies 8 Chickenpox 3 Sore throats 1 Bronchitis 7 Diarrhoea and vomiting 17 Tonsillitis 2 Measles 6 Scabies 1 Rubella	—	—	1 Catarrhal jaundice 4 Influenza 4 Chickenpox 5 Tonsillitis	1 Mumps	1 Impetigo 1 Throat infection 1 Chickenpox	3 Gastro- Enteritis	1 Measles	—	1 Mumps	4 Tonsillitis 1 Bronchitis 1 Sore throat	—	1 Bronchitis 1 Sore throat 1 Influenza	—
Medical examinations:															
Routine	241	117	14	—	6	—	16	8	8	—	11	8	2	8	4
On admission	379	144	—	5	4	1	11	—	—	1	—	—	2	—	—
On discharge	337	203	1	8	11	12	8	—	3	—	1	—	1	1	1
Dental inspection/treatment	135	100	—	3	20	3	5	6	5	7	4	—	—	6	—

CHILDREN'S HOMES AND BOYS' HOSTEL

	81 Duchess Road	1 Hillmount Close	120 Irwin Avenue	307 Leach Green Lane	72 Longmeadow Crescent	75 Ludford Road	49 Merrishaw Road	36 Millmead Road	52 Millmead Road	7 Nicholls Street West Bromwich	308 Packington Avenue	10 Roundlea Road	8 Sheffield Road	18 Sunderton Road	196 Sunderton Road	194 Tile Cross Road	262 Tunnel Lane
Capacity			8					8	8		8	8	8	2	2	2	2
Admitted to hospital	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	—	—
Other conditions	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious diseases	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Tonsillectomy	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Infectious diseases:					6 Tonsillitis	1 Septic throat 1 Influenza 1	1 Scarlet fever 1 Measles	1 Skin infection 1 German Measles 3 Influenza 1 Throat infection 1 Scabies	—	2 Chickenpox				2 German Measles 3 Tonsillitis 5 Gastric-enteritis		1 Influenza 3 Tonsillitis 2 Sore throats 1 Ear infection	—
Medical examinations:																	
Routine	2	—	7	8	6	7	7	6	7	—	7	7	8	8	9	9	8
On admission	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—
On discharge	—	—	—	—	3	—	—	—	—	2	—	1	—	—	—	—	—
Dental inspection/treatment	—	—	8	8	3	3	7	2	5	—	8	7	7	9	9	5	8

NATIONAL ASSISTANCE ACTS, 1948 & 1951

COMPULSORY REMOVAL

During 1964 eight persons were referred for compulsory removal under the National Assistance Acts; all were women. Two patients were admitted to hospital voluntarily, but in other cases it was necessary to remove them compulsorily to hospital. The majority of the cases referred were in extremis and two of them died shortly after admission.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Much of the information that follows has been prepared by Mr. H. T. Salter, Chief Welfare Officer, to whom the Department is indebted.

Registers of Blind and Partially-Sighted Persons are maintained by the Welfare Department and examinations for admission to these registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmologists. When so registered these handicapped people are provided with a variety of welfare services including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at centres in various parts of the City. Social Centres are also established for persons who are unable to take up these activities and when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department which in the main are sent out and exchanged by post.

Persons registered as blind are entitled to free 'bus passes, free radio licences and, where appropriate, increased national assistance and income tax allowance. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties, and other miscellaneous assistance. Each year a handicraft competition is organised by the Welfare Department and the prizes are provided by the Institution.

Persons who are deaf as well as blind are given assistance by two home teachers of the blind, who specialise in this work. These help with the supply, replacement and repair when necessary of hearing aids, escort to hospital and deal with any other special need. A weekly Social Centre is held for the Deaf-Blind at which voluntary helpers assist in talking to them by using the manual alphabet. Because of the special difficulties of such persons in taking holidays a fortnight's holiday has been organised in recent years for a party under the care of home teachers and voluntary helpers.

Persons able to work in open employment are encouraged to do this and are helped in finding employment by the Ministry of Labour Blind Persons Resettlement Officers. Others, who need to work in a sheltered environment, are employed at the Workshops for the Blind, administered by the Welfare Committee, where employment is provided for approximately 200 men and women in a variety of trades. The earnings of these workers are brought up to a national minimum wage. Those who are able to work on their own account may enter the Blind Homeworkers' Scheme where again they receive special assistance from the Welfare Department and receive augmentation in addition to their earnings.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has fallen slightly after remaining static for several years.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1959	1,705	62	698	945	961
1960	1,704	61	698	945	951
1961	1,711	58	700	953	970
1962	1,707	59	706	942	983
1963	1,694	53	691	950	986
1964	1,660	50	685	925	977

In each of the past four years, the number of blind women has exceeded the number of blind men by one third.

The Blind Register

<i>Additions to Register</i>	1959	1960	1961	1962	1963	1964
Certified blind	189	172	191	144	141	152
Immigrants to Birmingham	21	23	30	23	32	18
Reincluded on the register	—	—	1	—	—	1

Deletions from Register

Through death	180	165	173	143	164	159
Left Birmingham	25	30	35	28	21	18
Sight improved	3	1	3	—	1	4
Removals from Register for administrative reasons	—	—	4	—	—	—

Among those newly certified blind in 1964 were 6 children.

Forms B.D.8., completed on examination, received during 1964 and relating to newly certified blind persons and to those blind already who moved into Birmingham, fell into the following categories: —

Primary senile cataract and con-

genital cataract	..	54
Glaucoma	.. ..	27
Other congenital and hereditary defects	.. ..	5
Myopia..	.. ..	1
Ophthalmia neonatorum	..	—
Retinitis pigmentosa	.. ..	2

Trauma	.. ..	7
Diabetes	.. ..	3
Other causes	.. ..	70
(these include senility, cause unknown, arteriosclerosis,)		

ARRANGEMENTS FOR CARE, EDUCATION AND EMPLOYMENT OF THE BLIND

31.12.63						13.12.64
152	Employed in workshops	...	...	...	...	152
21	Approved homeworkers	...	...	...	...	18
181	Workers in sighted industry	...	...	...	...	185
1,047	Unemployables at home	...	...	...	...	1,012
233	Unemployables in Regional Board Hospitals and					
	Welfare Department Homes	...	...	...	...	229
—	Babies in Sunshine Homes	...	...	...	...	—
27	Children in school	...	...	...	...	29
14	Children in their own homes	...	...	...	...	15
12	Children in hospitals	...	...	...	...	13
7	Technical pupils in training	...	...	...	...	7
1,694						1,660

Register of Partially Sighted

There is no statutory definition in the National Assistance Act, 1948, but the Ministry of Health has advised that a person who is not blind within the meaning of the act, but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character, be regarded as partially sighted.

The numbers on the Register at the end of the year were: —

437 persons; 121 men, 225 women, 91 children.

Forms B.D.8. received in the Health Department and relating to 177 newly certified partially sighted persons or those registered already and who were coming to reside in Birmingham fell into categories of causes:—

Primary senile cataract and con-					Trauma	...	...	...	1
genital cataract	...	...	50		Diabetes	...	...	...	1
Glaucoma	...	...	18		Other causes (these include				
Other congenital and hereditary					senility, cause unknown,				
defects	...	...	9		optic atrophy)	...	...	90	
Myopia	...	...	8						

Blind and Partially Sighted

Forms B.D.S. have been received for newly certified patients in the following age groups: —

<i>Year of receipt of B.D.S.</i>	<i>0—1</i>	<i>2—4</i>	<i>5—15</i>	<i>16—20</i>	<i>21—49</i>	<i>50—64</i>	<i>65 and over</i>	<i>Total</i>
1959	2	6	13	4	22	43	169	259
1960	2	7	10	1	17	39	150	226
1961	3	6	11	0	16	42	185	263
1962	2	2	4	5	16	17	121	167
1963	0	2	15	5	12	29	146	209
1964	2	8	25	3	17	35	236	326

Persons over 65 years of age accounted for 72 per cent of the new cases in 1964 as compared with 70 per cent for 1963.

The causes of loss of vision and the treatment recommended were :

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of persons registered during the year in respect of which Section "F" of the form B.D.8 recommends :				
(a) No treatment ...	13	3	—	39
(b) Treatment (medical, surgical or optical)	78	17	1	92
(ii) Number of persons at (i) (b) above who on follow-up action at the year end had received treatment ...	41	12	1	65

The Deaf-Blind

In 1964 there were 142 deaf-blind persons residing as follows:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own home ...	40	59	—	99
In homes and institutions	10	30	3	43
	50	89	3	142

CEREBRAL PALSY

The Midland Spastics Association, which works closely with the City Welfare Department and the School Health Service, has supplied the following information concerning the valuable service provided.

PROVISION MADE FOR 839 SPASTICS IN 1964:—

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	...	...	...	...	2
Attending the Cerebral Palsy Nursery Unit at Carlson House					10
In hospital	...	...	...	...	2
At home— out-patient treatment	...	...	...	...	38
no treatment	...	...	...	...	24
Total known cerebral palsy patients under 5 years					<hr/> 76 <hr/>
Estimated population under 5 years	..	..	..	..	98,200

CHILDREN AGED 5 TO 15 YEARS

Attending day schools

Cerebral Palsy School, Carlson House	...	...	...	35
Schools for physically handicapped	...	...	...	69
Other special schools (deaf school 4, open air school 1, partially sighted school 2, E.S.N. school 8)		...	...	15
Schools primarily for normal children	...	...	...	70
Home tuition and training	...	...	...	4
Training centres	...	...	...	36

Attending residential schools

Cerebral Palsy School, Carlson House	...	...	...	2
Schools for the physically handicapped	...	...	...	6
Other special schools (open air school 2, blind school 2, E.S.N. 5, hospital school 2)	...	...	...	11
In institutions for the mentally subnormal	...	...	...	19
Remaining at home—ineducable	...	...	...	14
Remaining at home—educable, and awaiting placement	...	...	...	7
Total known cerebral palsy patients 5 to under 15 years				<hr/> 288 <hr/>
Estimated population 5 to under 15 years	...	...	...	155,600

PERSONS 15 YEARS AND OVER

Still at school or receiving home tuition	26
Training centre	31
Outwork – part-time housewives	16
Sheltered work	16
Training College-University	5
Normal work	170
Institution for mentally subnormal	60
In cerebral palsy home	3
In cripples home	16
In hospitals	5
Midland Spastic Association craft classes	25
Other craft classes	9
At home	93
<hr/>	
Total known cerebral palsy patients aged 15 years and over	475
<hr/>	
Total cerebral palsy patients of all ages in Birmingham ...	839
<hr/>	

The Midland Spastics Association also runs a weekly Social Club for mentally handicapped spastic teenagers and young adults. This meets at Harborne on Wednesday evenings and has 30 members of whom 27 are Birmingham residents. Age range at present is 14 to 26 years and the I.Q. range is 40 – 65. Physical disability varies from very slight to very severe; nine members suffer from epilepsy and one is deaf. Some exhibit behaviour difficulties when in other groups, but are well adjusted in the club.

Activities include outdoor and indoor games, film shows, painting, craftwork, dancing, percussion band, singing, reading and writing for the slightly brighter ones; special events such as parents' socials, carol service, fireworks, etc.

The Association also takes the group away for a residential week-end each year.

This is only one of their social clubs for spastics – they also run the Helping Hand Youth Club for teenagers (aged 13-21) and the Pathfinders Club for adults (aged 22-45) of normal intelligence.

In addition the Welfare Committee of the City Council provides services for the following individuals:—

Maintained in special homes	9
Participating in Handicraft Scheme	8
Doing outwork arranged by the Welfare Department	13
Assisted by Welfare Committee with adaptations in own homes	2
Accommodated in Part III accommodation at 'The Beeches'	18

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastic disabled.

In addition to the above, instead of assisting in individual cases, the Welfare Committee made a block grant of £800 to the Birmingham Fellowship of the Handicapped to enable them to assist necessitous handicapped people to join in a group holiday. Those benefiting in this way would undoubtedly include a considerable number of spastics and epileptics.

87 spastics are known to take part in the activities of the Birmingham Fellowship of the Handicapped.

EPILEPSY

Assistance was given during 1964 by the Welfare Committee to epileptics as follows:—

Epileptics maintained in colonies	...	...	...	...	...	22
Participating in the handicraft scheme	...	...	...	...	...	26
Outwork arranged by the Welfare Department	...	...	...	...	...	14
Loan of a television set	...	...	...	...	...	5
Assisted by Welfare Committee with holidays	...	...	...	...	...	3

Thirty two epileptics participated in the activities of the Birmingham Fellowship of the Handicapped.

The Welfare Committee also granted financial aid to the Birmingham and District Branch of the British Epilepsy Association who now hold their weekly club at the Welfare Centre, Skipton Road, Edgbaston.

At the end of the year 167 epileptic children of school age were known to the Education Department. Of these 20 were at special day schools and 28 were being maintained at residential establishments on account of epilepsy.

FIRST AID AND STAFF WELFARE SERVICE

MEDICAL EXAMINATIONS, CREMATIONS

First Aid and Staff Welfare Service

The number of attendances at the Council House and Bush House Surgeries, which are staffed and maintained by the Public Health Department but available for all Corporation employees, was 5,754 as compared with 6,074 for 1963.

A variety of treatments are given at both surgeries in liason with hospitals and the general practitioners of the employees. This minimises the amount of time away from work in order to obtain treatment for minor ailments.

Visits to the Corporation premises have been made to advise on all aspects affecting the health and welfare of the employees.

Medical Examinations

MEDICAL EXAMINATIONS CARRIED OUT BY THE MEDICAL OFFICER FOR CORPORATION STAFF WELFARE

	1964	1963
Non-Manual Employees	1,324	1,332
Manual Employees	851	957
By the Medical Officer on behalf of other Local Authorities	35	40
By Staff of other Local Authorities on our behalf	61	28

The above figures relate only to the medical examinations carried out by the Medical Officer for Corporation Staff Welfare and do not include those done by the School Health Service Medical Officers on behalf of the Education Department, the panel of General Practitioners, from whom about 1,000 completed forms are received in this Department annually, or other doctors with whom certain Corporation Departments have special arrangements.

Cremations

No cremation can take place without the written authority of a duly appointed Cremation Referee and the following figures show the number so authorised in 1964 –

	1964	1963
Lodge Hill	3,024	3,121
Yardley	2,013	2,087
	<hr/> 5,037 <hr/>	<hr/> 5,208 <hr/>

SUPERVISION OF FOOD

During the year the former Veterinary and Food Inspection Department became a section of the Public Health Department. Thus ended an arrangement whereby two departments of the Corporation answering to different Committees (the Markets and Fairs Committee and the Health Committee) shared the administration of food and drugs legislation in the City.

This chapter deals with the activities of the Public Health Inspectorate and the Veterinary and Food Inspection Section as they relate to food, together with the work of the Milk and Dairies Section. The Veterinary activities of the Veterinary and Food Inspection Section are dealt with elsewhere in the Report.

SLAUGHTERHOUSES AND MEAT INSPECTION

The main slaughtering centre in the City is the city abattoir, but there are in addition ten private slaughterhouses, five of which are connected with bacon factories. The ten private slaughterhouses are licensed annually on 1st February.

Meat inspection at the city abattoir is carried out by a staff of qualified veterinary officers and meat inspectors, who examine animals before and after slaughter, to ascertain their fitness for human consumption. To assist in the diagnosis of various diseases, a laboratory is maintained at the abattoir.

Meat inspection at the private slaughterhouses is carried out by officers from the abattoir and by the district food inspectors. During the year, 3097 visits were made for this purpose.

Due to shortage of staff, it was not possible to carry out meat inspection in the manner prescribed by the Meat Inspection Regulations, 1963, at the bacon factory slaughterhouses between the middle of January and the end of the year. Full inspection was resumed at the end of the year following an improvement in the staff position. This improvement was largely due to the training scheme for authorised meat inspectors, which has been operating since the autumn of 1963. During the year four trainees obtained the Certificate in Meat Inspection and three more passed the examination and are eligible for their certificates on attaining the age of 21.

Animals Slaughtered in the City

The following table shows the numbers of animals slaughtered at the different types of slaughterhouses in the city with comparative figures for 1963.

				<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	...	...	1964	33,502	17,121	178,240	68,928	297,791
			1963	41,309	28,805	183,240	70,144	323,498
Bacon Factories	...	...	1964	—	—	—	143,457	143,457
			1963	—	—	—	143,376	143,376
Other Private			1964	1,139	116	7,839	1,361	10,455
Slaughterhouses	...		1963	1,271	243	7,428	1,330	10,272
<hr/>								
TOTAL	...	...	1964	34,641	17,237	186,079	213,746	451,703
			1963	42,580	29,048	190,668	214,850	477,146
<hr/>								

Incidence of Disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS AT BACON FACTORIES

				<i>Carcases</i>		<i>Offal</i>	
				<i>Total</i>	<i>Partial</i>	<i>Total</i>	<i>Partial</i>
Pigs:							
Swine fever	...	...	...	4	—	4	—
Swine erysipelas	...	...	...	3	13	3	—
Tuberculosis	...	...	...	12	2	12	6300
Septicaemic conditions	...	...	...	81	—	81	—
Pneumonia and/or pleurisy	...	...	...	—	18	—	6687
Pyæmia	...	...	...	58	—	58	—
Arthritis	...	...	...	20	193	20	—
Abscess...	...	...	...	25	494	25	13
Echinococcosis	...	...	...	—	—	—	—
Ascariasis (Milk spot)	...	...	...	—	—	—	1290
Bruising	...	...	...	—	122	—	—
Other conditions	...	...	...	222	30	222	8134

CONDEMNATIONS AT PUBLIC ABATTOIR

	<i>Carcases</i>		<i>Offal</i>	
	<i>Total</i>	<i>Partial</i>	<i>Total</i>	<i>Partial</i>
ADULT CATTLE:				
Tuberculosis	—	1	—	47
Johne's disease	—	—	—	1
Actinobacillosis(-mycosis)	—	2	—	219
Septicaemic conditions	9	14	9	7
Pneumonia and/or pleurisy	—	13	—	1898
Peritonitis	—	26	—	223
Mastitis	—	9	—	—
Hepatic abscess	—	—	—	6153
Fascioliasis (flake)	—	—	—	1968
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	741
Cysticercosis (C. bovis)				
(a) Rejected... ..	—	—	—	34
(b) Refrigerated	34	—	—	34
Tumours	—	2	—	6
Bruising	—	316	—	13
Emaciation and oedema	2	—	2	—
Other conditions	4	169	4	1709
CALVES:				
Congenital tuberculosis	—	—	—	—
Tuberculosis	—	—	—	—
Septicaemic conditions	52	1	52	2
Joint-ill or navel-ill	12	—	12	—
Bruising	2	32	2	5
Emaciation and oedema	10	—	10	—
Immaturity	3	—	3	—
Other conditions	76	21	76	123
PIGS:				
Swine fever	—	—	—	—
Swine erysipelas	8	—	9	—
Tuberculosis	4	13	4	2034
Septicaemic conditions	62	14	62	2
Pneumonia and/or pleurisy	—	27	—	3289
Pyæmia	46	—	46	—
Arthritis	3	879	3	—
Abscess... ..	9	334	9	215
Echinococcosis	—	—	—	16
Ascariasis (Milk spot)	—	—	—	5058
Bruising	1	431	1	15
Other conditions	90	240	90	3384
SHEEP:				
Septicaemic conditions	150	91	150	7
Pyæmia	74	—	74	—
Pneumonia and/or pleurisy	—	237	—	1114
Arthritis	—	264	—	—
Parasitic pneumonia	—	—	—	—
Fascioliasis (flake)	—	—	—	5313
Cysticercus ovis	—	—	—	—
Echinococcosis	—	—	—	7079
Bruising	5	191	5	1
Emaciation and oedema	1103	1	1103	—
Other conditions	260	386	260	5785

CONDEMNATIONS AT PRIVATE SLAUGHTERHOUSES

	<i>Carcases</i>		<i>Offal</i>	
	<i>Total</i>	<i>Partial</i>	<i>Total</i>	<i>Partial</i>
ADULT CATTLE:				
Tuberculosis	—	—	—	1
Johne's disease	—	—	—	—
Actinobacillosis (-mycosis)	—	—	—	—
Septicaemic conditions	—	—	—	2
Pneumonia and/or pleurisy	—	—	—	6
Peritonitis	—	—	—	1
Mastitis	—	—	—	—
Hepatic abscess	—	—	—	36
Fascioliasis (fluke)	—	—	—	24
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	16
Cysticercosis (C. bovis)				
(a) Rejected... ..	—	—	—	—
(b) Refrigerated	—	—	—	—
Tumours	—	—	—	—
Bruising	—	—	—	—
Emaciation and oedema	—	—	—	—
Other conditions	—	2	—	3
CALVES:				
Congestion	—	—	—	1
PIGS:				
Swine fever	—	—	—	—
Swine erysipelas	—	—	—	—
Tuberculosis	—	—	—	26
Septicaemic conditions	—	—	—	—
Pneumonia and/or pleurisy	—	—	—	63
Pyæmia	—	—	—	—
Arthritis	—	—	—	—
Abscess	—	2	1	2
Echinococcosis	—	—	—	8
Ascariasis (Milk spot)	—	—	—	12
Bruising	—	—	—	1
Other conditions	—	—	—	59
SHEEP:				
Septicaemic conditions	—	—	—	—
Pyæmia	—	—	—	—
Pneumonia and/or pleurisy	—	—	—	—
Arthritis	—	—	—	—
Parasitic pneumonia	—	—	—	—
Fascioliasis (fluke)	—	—	—	7
Cysticercus ovis	—	—	—	—
Echinococcosis	—	—	—	12
Bruising	—	—	—	—
Emaciation and oedema	2	—	2	—
Other conditions	8	—	8	424

In addition to their meat inspection duties, officers are responsible for the enforcement of the Food Hygiene (General) Regulations, 1960, the Slaughterhouses (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. They ensure that slaughtering is carried out in a humane manner and inspect the vehicles used for the transport of animals and of meat.

Licensing of Slaughtermen

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is permissible only by persons holding a licence granted by the local authority. Licences, other than renewals of existing licences are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experience and can demonstrate his efficiency.

At the 31st December 1964, there were 139 licences in force, of which 4 were subject to the condition mentioned above.

Prosecutions

SLAUGHTERHOUSES (HYGIENE) REGULATIONS, 1958. Proceedings were instituted in respect of two offences under these regulations. In one case, the offender was fined £5 for smoking in the abattoir; and in the second case, a porter was fined £2 for not wearing a suitable head covering whilst carrying meat.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960. Proceedings were taken against the owners and drivers of four vehicles which were dirty whilst being used for the transport of unwrapped meat. Fines totalling £190 were imposed. In two of these cases, additional proceedings were taken for carrying offal which was not in suitable containers and the fines imposed totalled £30.

MEAT (STAINING AND STERILIZATION) REGULATIONS, 1960. Two men were each fined £20 for the removal from the city abattoir of meat which was unfit for human consumption but which had not been sterilized.

Inspection of Food Premises and Foodstuffs

The arrangement has continued during the year whereby the work is shared by (a) the Veterinary and Food Inspection Section, (b) the Milk and Dairies Section and (c) the Chief Public Health Inspector's Section.

(a) VETERINARY AND FOOD INSPECTION SECTION

Supplies of foodstuffs in the wholesale markets are subjected to regular daily inspection and the supervision of these supplies is continued through the various channels to the consumer. For this purpose the City is divided into ten districts, each supervised by a district food inspector. In addition to the foodstuffs, these inspectors supervise the shops and other food premises in their districts. In particular, they see that the requirements of the Food Hygiene (General) Regulations, 1960, are observed and that the Marking Orders relating to foodstuffs, made under the Merchandise Marks Acts, are complied with.

Special inspections of premises which are proposed to be used for the sale or storage of foodstuffs are made at the request of the Town Planning Department and the Estates Department, to see that these premises comply with the regulations. During the year 25 such visits were made.

Food Hawkers. Frequent visits are made to hawkers of foodstuffs and market stall-holders who purchase their supplies in the wholesale markets. Section 42 of the Birmingham Corporation Act, 1948, provides for the registration of hawkers of food and of their storage premises, and at 31st December 1964, registration had been effected in 385 cases.

Food Preparation Premises. Food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies, are registered under Section 16 (1) of the Food and Drugs Act, 1955. At the 31st December 1964, there were 239 registered premises in the city.

School Meals Canteens, Residential Homes etc. Regular visits are made to these premises to inspect food supplies, storage conditions and kitchens. In addition, special checks are made on meat supplies, to see that the quality and prices are according to the conditions of contract.

Visits to Food Premises. The following table shows the number of visits made during the year.

							<i>Visits during</i>
							1964
Butchers	...	...	...	...	...	...	17,993
Grocers	...	...	...	...	...	...	7,349
Greengrocers	...	...	...	...	...	...	7,878
Fishmongers	...	...	...	...	...	...	2,964
Horseflesh shops	...	...	...	...	...	...	8
Food hawkers and market stall-holders	...	...	...	...	...	...	23,732
Registered food preparation premises	...	...	...	...	...	...	6,213
School meals canteens, residential homes etc.	...	...	...	...	...	...	3,172
							<u>69,309</u>

Foods Judged as Unfit

<i>Number of surrenders</i>	<i>Class of Foodstuff</i>							<i>T.</i>	<i>c.</i>	<i>q.</i>
10,948	Meat and offal	...	...	...	...	...	...	271	17	2
665	Fish	...	...	...	...	...	...	37	7	2
171	Poultry, etc.	...	...	...	...	...	...	10	3	2
979	Fruit and vegetables	...	...	...	...	...	...	506	16	2
2,171	Miscellaneous	...	...	...	...	...	...	95	8	1
<u>14,934</u>								<u>921</u>	<u>13</u>	<u>1</u>

Complaints

During the course of a year numerous requests are received from traders, both wholesale and retail, to examine foodstuffs which they consider might be unfit for sale. Visits as a result of such requests or following complaints from members of the public totalled 3,724 during 1964. Many complaints are received alleging foodstuffs to be unfit or to contain foreign matter. Every complaint is thoroughly investigated and action is taken depending on the circumstances of each individual case. In some cases, the evidence is inconclusive and it is impossible to allocate the blame to anyone with certainty, but in the majority of cases, the shop-keeper or manufacturer is issued with a warning and where possible advised on the steps he should take to avoid any repetition of the cause for complaint. In a number of cases legal proceedings are instituted and details

of those cases which were brought before the magistrates during the year are given below:—

<i>Offence</i>	<i>Fine</i>	<i>Costs</i>
Sale of mouldy steak and kidney pie	£50	10/-
Having in position legs of lamb unfit for human consumption	£20	—
Sale of mouldy cake	£50	—
Sale of mouldy cake	£35	—
Sale of meat pasty containing glass	£25	—
Sale of mineral water contaminated with disinfectant ...	£15	—
Sale of loaf containing a nail	£25	—
Sale of mince pie containing a metal split pin	£20	—
Sale of cake containing iron nails	£30	—
Sale of loaf containing cigarette end	£15	£5
Sale of jar of jam containing sacking	£20	—
Sale of mouldy cake	£10	10/-
Sale of a can of corned beef containing a razor blade ...	£100	—
Sale of minced beef which was unfit for human consumption	£50	5/-
Sale of bottle of milk containing glass	£15	—
Sale of box of stale and rancid chocolates	£25	—
Sale of mouldy puddings	£20	—
Sale of loaf containing milk bottle top... ..	£40	36/6
Sale of loaf containing a moth	£20	—
Sale of block of salt containing wood and a nail	£25	—
Sale of bottle of milk containing glass	£100	40/-
Sale of bottle of milk containing paper	£50	10/-
Sale of loaf containing a rubber heel	£30	—
Sale of loaf containing half a halfpenny	£15	11/-
Sale of mouldy pork pie	£50	—
Sale of mouldy yoghurt	£10	10/-
Exposure for sale of mouldy soured cream	£10	—

Inspection of Dairy Herds and their Milk

Regular monthly inspections were made of all City dairy herds, when the cows were examined for any evidence of disease or uncleanness. The cowsheds were also inspected. All were found to be satisfactory.

At the end of the year there were nine dairy herds in the City, the one at Ivy House Farm, West Heath, having been disposed of during the summer. The nine herds comprised 263 animals and there were 21 cowsheds in use.

In addition to the dairy herds mentioned above, there are three herds at hospital farms which do not supply milk to the public. Samples were taken of the milk from each of these herds four times during the year (12 samples in all) and submitted for examination for evidence of tuberculosis or brucellosis; no evidence of disease was found.

At the request of the Ministry of Agriculture, tuberculin tests were carried out on 148 animals at the two farms belonging to Monyhull Hospital; all passed these tests.

Tuberculosis (Bovine)

Post-mortem examinations were made on 36 cattle which had reacted to tuberculin tests and which were sent to the abattoir for slaughter. A report of the post-mortem findings was sent to the Ministry of Agriculture, Fisheries and Food in each case.

Importation of Dogs and Cats Order, 1928

The R.S.P.C.A. kennels at Barnes Hill, California, are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casings, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

Prosecutions

Proceedings were instituted against a haulage contractor for offences against the Transit of Animals (Amendment) Order, 1931; a vehicle used for the transport of sheep did not comply with the requirements of the order as regards construction. Fines totalling £70 were imposed.

PET SHOPS

The Pet Animals Act, 1951, regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 82 visits were made to proposed new pet shops and to existing pet shops, to ensure that the conditions of the licence were being observed.

At the 31st December 1964, there were 69 licensed pet shops in the City.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963, which came into operation on 1st January 1964, regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year 33 visits were made in connection with the granting of licences and to ensure that, where licences had been granted, the conditions of the licence were being complied with.

At the 31st December 1964, there were 10 licensed animal boarding establishments in the City.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1939, permits a local authority to authorise any registered veterinary surgeon to inspect any premises used as a riding establishment.

So far as is known, there were only two such establishments in the City and one of these closed down in the summer. Quarterly visits were made to the premises by a veterinary officer and all the horses and ponies were examined and found to be in good condition.

New legislation, the Riding Establishments Act, 1964, comes into operation on 1st April 1965 and revokes the 1939 Act. Under the new Act, riding establishments will be licensed by the local authority and local authorities are required to arrange for the inspection of the premises.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, the shoeing of the horses and veterinary attention when required.

Animal Feeding Stuffs and Bedding

A granary is maintained, supplies of feeding stuffs etc. being purchased in bulk and delivered to other departments and institutions as required.

Blacksmiths

Two blacksmiths are employed at the Department's forge. They are primarily engaged upon shoeing the horses used by the Police, Parks and Salvage Departments, but they also carry out general work for other departments, mainly the Public Works Department.

Veterinary Attention

Animals belonging to the Corporation receive veterinary attention from one of the department's veterinary officers whenever necessary. During the year, treatment was given to horses belonging to the Salvage Department, Parks Department and Police, and to dogs belonging to the Parks Department and Police.

The purchase of new horses and the sale of horses no longer required, is arranged by the Chief Veterinary Officer. All new police dogs are examined and vaccinated.

Horses

The stud of horses owned by the Corporation at 31st December 1964, was as follows:—

<i>Department</i>						<i>No. of horses</i>
Public Health (hired to Police)	...	...				22
Salvage	...	...	...	...	...	4
Parks	...	...	...	...	...	1
						<hr/> 27 <hr/>

Note: The Police stud is 23 and one horse will be purchased early in 1965 to bring the stud up to full strength.

During the year, four horses were purchased at an average cost of £292-10-0, and five horses were sold, the average price realised being £24-10-0.

VETERINARY SERVICES

DISEASES OF ANIMALS ACTS

The department is responsible through its Veterinary Section for carrying out the duties of the local authority under these Acts and the Orders made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals, and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The chief veterinary officer, Mr. W. S. Davison, his deputy Mr. A. Wilson and an assistant veterinary officer Mr. G. Owen, have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in cases of suspected notifiable disease.

Dead Animals

Animals found dead on arrival at their destinations, or which may die whilst awaiting slaughter, and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious disease. The following table shows the numbers found dead during the year:—

				<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Railway Stations	...	...	...	1	—	—	—
City Abattoir	...	...	...	1	27	93	40
Bacon Factories	...	...	...	—	—	—	175
Other private slaughterhouses	...	...	...	—	—	4	—
Pig keepers' premises	...	...	...	—	—	—	12
				<hr/> 2	<hr/> 27	<hr/> 97	<hr/> 227
				<hr/>	<hr/>	<hr/>	<hr/>

The result of the examination was negative in each case.

Visits

The following visits were made during the year:—

Railway stations	...	...	...	...	...	...	1
Pig keepers' premises	...	...	...	...	...	...	79
Poultry slaughterers and dealers	...	...	...	...	...	...	15
Exhibitions and shows	...	...	...	...	...	...	3
							<hr/> 98
							<hr/>

Diseases of Animals (Waste Foods) Order, 1957

This order provides for the licensing by the local authority of plant used for the boiling of waste food intended for feeding to animals or poultry. At the 31st December 1964, 167 licences were in force in the City.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order, 1960, and to check that the provisions of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year 2,215 store pigs were licensed to premises in the City.

Swine Fever

There were no outbreaks of swine fever in the City during the year. One suspected case at a bacon factory, in a pig originating outside the City, was reported to the Ministry of Agriculture, Fisheries and Food for investigation, but the result is not known.

(b) MILK AND DAIRIES SECTION

The following details summarise the work of supervision and inspection of plant and premises carried out during the year:—

VISITS TO:—			Premises primarily supervised by another section of the Public Health Dept:—		
Pasteurising plants ...	...	232	Selling milk ...	...	39
Sterilising plants ...	...	178	Selling ice cream ...	...	156
Milk distributors ...	...	259	Selling milk and ice cream...	...	75
Milk bars ...	...	60	Making ice cream ...	...	39
Egg pasteurisation plant ...	...	17	Milk dispensing machines ...	...	158
Bakehouses ...	...	209	Miscellaneous:—		
Milk vending machines ...	...	102	Accompanied visits ...	...	223
Food shops (initial visits) ...	...	995	Other visits ...	...	1,436
„ „ (revisits) ...	...	2,346	Interviews ...	...	108
Ice cream makers ...	...	152	Investigation of complaints	...	170
Iced lollipop makers ...	...	68	Demonstrations and lectures	...	40
Ice cream storage and vehicle depots ...	...	207	Unsuccessful visits	...	971
Ice cream vehicles:—					
Making ...	...	46			
Selling ...	...	42			

In addition to the above, 3,518 visits were made to shops etc., in connection with the tracing of corned beef and tinned tongue from canneries suspected of being involved in the typhoid outbreak at Aberdeen.

Responsibility for the control of the few remaining milk bars was transferred to the Chief Public Health Inspector's staff during the year.

Dairy premises etc:—

The number of dairy and allied premises at the end of 1964 was as follows:—

Pasteurising plants— all H.T.S.T....	...	...	...	...	5
Sterilising plants	...	...	...	...	4
Distributing depots operated by the larger dairy firms	...	...	...	...	19
Retail purveyors	...	...	...	...	22
Shops selling milk	...	...	...	...	2,332

During the year the number of processing dairies in the City decreased by one. One pasteurising dairy and one pasteurising and sterilising dairy closed and a new pasteurising dairy was opened.

Complaints

The following complaints were received during the year:—

GENERAL

Dirt or foreign matter in bottles	...	...	...	...	30
“Watery” sterilised milk	...	...	...	...	2
Glass in bottle	...	...	...	...	1
“Off” flavour in sterilised milk	...	...	...	...	1

SCHOOLS

Dirt of foreign matter in bottles	...	...	...	...	8
Bottle caps in bottles	...	...	...	...	4
Glass in bottles	...	...	...	...	2
Foreign matter in churn	...	...	...	...	2

Seven prosecutions were taken under Regulation 27 of the Milk and Dairies (General) Regulations, 1955. Pleas of “guilty” were entered in each case and fines totalling £100 were imposed.

Three samples brought in from a school as the result of a complaint that the milk was sour gave satisfactory methylene blue results and no evidence of food poisoning organisms.

A complaint was received from a restaurant that particles had been noticed on the top of the milk in churns they received. Smears were taken from the necks and lids of the churns and the City Analyst reported the particles to be aluminium. This was probably due to abrasion between the neck and lid of the churn.

An outbreak of illness at a school led to the examination of two samples of milk left from among those consumed that day. These showed no evidence of food poisoning organisms.

Milk Sampling

(a) RAW MILK

	<i>Total No. of samples taken for Methylene Blue Test</i>		<i>No. of failures</i>
Tuberculin Tested	193		12 (6.2%)

Eleven samples not included in the total were declared "void" on account of excessive shade temperature.

Sixteen samples reported on for the presence of *Brucella abortus* were all declared negative.

(b) PASTEURISED MILK

	<i>Methylene Blue Test Number submitted</i>	<i>Number failed</i>	<i>Phosphatase Test Number submitted</i>	<i>Number failed</i>
<i>From dairies inside City</i>				
From rounds etc. ...	443	Nil	438	Nil
From schools ...	164	2 (1.22%)	145	Nil
From vending machines	52	1 (1.92%)	53	Nil
From "Tetrapak" machines ...	8	Nil	8	Nil
<i>From dairies outside City</i>				
From rounds etc. ...	149	Nil	153	Nil
From schools ...	43	Nil	43	Nil
From vending machines	42	Nil	45	Nil

Fifty-eight samples, not included in the above figures, were declared "void" on account of excessive shade temperature.

(c) STERILISED MILK

	<i>No. of samples submitted for Turbidity Test</i>	<i>No. of failures</i>
<i>From Dairies inside City</i>	57	Nil
<i>From Dairies outside City</i>	51	Nil

Cold Milk Dispensing Machines

A total of 327 samples was taken during the year from these machines and of these 81 failed the methylene blue test. These failures were invariably due to the lack of care in the cleaning and sterilisation of the machines.

Four samples, not included in the above figures, were declared "void" on account of excessive shade temperature.

Churn and Bottle Washing

Examination of the churn and bottle washing machines at the dairies gave the following results:—

(i) BOTTLES

Forty one samples were taken, five of which gave plate counts in excess of 200. Repeat sampling of those showing a high count gave satisfactory results. B.coli tests were negative on all samples.

(ii) CHURNS

Thirty five samples were taken and were all classified as "satisfactory" being below the recommended limit of 50,000 organisms per churn. B.coli tests were negative on all samples.

Ultra-High Temperature Treatment

At the request of the Director of the Public Health Laboratory, 105 samples were taken from dairies using this system prior to final sterilisation.

These samples were taken to ascertain if phosphates re-activation took place. All samples were examined at the end of four days and again at the end of eight days but no re-activation was discovered.

Fresh Cream

Two hundred and ninety-nine samples of fresh cream were submitted to the provisional methylene blue test:—

<i>Time taken to decolourise Methylene Blue</i>	<i>Number of samples</i>
4 hours	42
More than 4 hours	257

Imitation Cream

Routine sampling of imitation cream received at the confectionery bakeries supervised by the Milk and Dairies staff and those supervised by the Chief Public Health Inspector gave the following results:—

<i>Source of samples</i>	<i>Colony Count per ml.</i>	<i>Bakeries supervised by</i>	
		<i>Milk and Dairies Section</i>	<i>Chief Public Health Inspector</i>
Unopened containers	0— 1,000	79	42
	1,001—10,000	3	2
		82	44
Unopened bowls etc.	0— 1 000	85	42
	1,001— 10,000	2	3
	10,001—100,000	1	2
	Uncountable	Nil	1
		88	48

All samples were also submitted to the B.coli test and two gave positive results. Repeat samples at the premises concerned proved satisfactory.

Six samples not included in the above figures, could not be examined because of a water-bath failure in the laboratory.

Shop Inspection

The premises listed as food shops on page 00, to which a total of 3,341 visits (inspections and re-inspections) was made, comprised shops:—

Not selling milk or ice cream	...	...	...	...	...	595
Selling milk	...	...	...	...	...	436
Selling milk and ice cream	...	...	...	...	...	1,486
Selling ice cream	...	...	...	...	...	727
Making ice cream	...	...	...	...	...	88
Making iced lollipops	...	...	...	...	...	9

During the 995 initial inspections a total of 1,428 contraventions of the Food Hygiene Regulations or the Public Health Acts was found in 600 shops.

These contraventions are classified as follows:—

FOOD HYGIENE REGULATIONS

Reg. 6. Cleanliness of equipment	...	...	...	...	97
Reg. 8. Protection from contamination	...	...	...	...	265
Reg. 9. Personal cleanliness	...	...	...	...	7
Reg. 10. Carrying and wrapping of open food	...	...	...	...	3
Reg. 12. Soil drainage systems	...	...	...	...	1
Reg. 14. Sanitary conveniences	...	...	...	...	68
Reg. 15. Water supply	...	...	...	...	6
Reg. 16. Wash-hand basin	...	...	...	...	66
Reg. 17. First-aid materials	...	...	...	...	111
Reg. 18. Clothing accommodation	...	...	...	...	26
Reg. 19. Washing of equipment	...	...	...	...	137
Reg. 20. Lighting	...	...	...	...	3
Reg. 21. Ventilation	...	...	...	...	5
Reg. 23. Cleanliness and repair	...	...	...	...	475
Reg. 24. Accumulations in food rooms	...	...	...	...	15
Public Health Act, etc.	...	...	...	...	143

Ice Cream

During the year nine manufacturers' registrations were cancelled and four new registrations granted, leaving the total of registered manufacturers at the end of 1964 at 76.

The number of premises registered for sale only at the end of 1964 was 2,951 as compared with 3,287 at the end of 1963.

Twenty-two registrations were effected during the year in respect of persons only—18 for the operation of ice cream-making vehicles and four in respect of sales vehicles.

Sampling for hygienic quality has been carried out using the provisional methylene blue test, with the following results:—

<i>Grade</i>	<i>Samples of ice cream manufactured on premises in the City</i>	<i>Samples of ice cream manufactured on premises outside the City</i>	<i>Total samples 1964</i>	<i>1963</i>
1	304 (87.86%)	196 (96.55%)	500 (91.07%)	548 (81.67%)
2	35 (10.12%)	7 (3.45%)	42 (7.65%)	109 (16.24%)
3	4 (1.16%)	Nil	4 (0.73%)	11 (1.64%)
4	3 (0.86%)	Nil	3 (0.55%)	3 (0.45%)

Eight samples, not included in the above figures, could not be examined because of a water-bath failure in the laboratory.

Sampling for compositional quality has been carried out as follows:—

Total number of samples (including two of "Parev")				...	...	272
				<i>Milk solids</i>		
				<i>Fat</i>	<i>not fat</i>	
Average composition (excluding "Parev")				7.8%	11.7%	
Ice cream manufactured in City						
(223 samples)	...	...	...	7.2%	11.6%	
Ice cream manufactured outside City						
(48 samples)	...	...	...	10.6%	12.1%	
"Parev" ice cream (2 samples)				10.7%	Nil %	

Of the 223 samples (all informal) of ice cream manufactured within the City, two fell below the standards required by the Food Standards (Ice Cream) Regulations, 1959. One, showing a fat percentage of 2.4%, was from a soft ice cream making machine and investigation revealed that, unless great care was exercised, a relatively large amount of the water used for rinsing the machine after sterilisation could be left in the hoppers. It is presumed that, on this occasion, sufficient attention was not given to this detail. The other sample gave a milk solids not fat of 7.4% and was from a manufacturer whose milk solids not fat normally averaged 13.0%.

Subsequent samples from both sources proved satisfactory.

Iced Lollipops

The number of premises registered for the manufacture of iced lollipops remains at 26, no new registrations or cancellations being effected during the year.

Premises registered for the sale only at the end of 1964 numbered 2,903 compared with 3,144 at the end of 1963.

In addition to the above, 22 registrations were granted to persons only in respect of sales vehicles.

Bacteriological Examination:—

One hundred and twenty-three samples were submitted to the B. coli test and seven gave positive results.

All samples were also submitted to the plate count test:—

<i>Count</i>	<i>Number of samples</i>
Nil	36
1 - 50	83
51 - 100	1
101 - 500	2
501 - 1,000	1
	<hr/>
	123
	<hr/>

Those samples showing the presence of B.coli were all from sources outside the City and were followed up with the manufacturers and Medical Officers of Health concerned. Subsequent samples gave satisfactory results.

Metallic Contamination

Eighteen samples were submitted to determine the amount of metallic contamination. The examinations all proved negative.

Egg Sampling

One hundred and twenty-five samples of frozen whole egg, all of British origin, were submitted to the alph-amylase test and all gave satisfactory results. Ninety-nine of these samples were taken from the egg pasteurisation plant in Birmingham. No difficulty has been experienced with the control of this plant—the only problem was with the disposal of the shells which are now being removed daily to a tip in specially constructed vehicles.

Eight samples of spray dried albumen were taken and one of these, from a consignment of three kegs, showed *Salmonella montevideo*. The kegs were returned to the supplier for plate pasteurisation under the supervision of the Medical Officer of Health.

SHELLFISH

Of the various shell-fish on sale, mussels are considered to be the most likely to give unsatisfactory results at the present time and sampling was confined to them. Sixty-seven samples from six different sources were examined. The results are shown in the table which follows. In each case an average of two pools of five mussels each was taken.

<i>B. coli</i> Type 1 per 1 ml. of fish	Number of samples
Nil	31
0.125	3
0.25	7
0.5	15
0.75	3
1.0	2
1.25	3
1.75	1
2.75	1
39.25	1

With the exception of the last, all these results are satisfactory. The one unsatisfactory result, the first such to be reported since 1958, came from a source which normally supplies mussels of a high standard. No explanation was offered by the local Medical Officer of Health for this unusual result.

WATERCRESS

Two samples of watercress from different sources were examined during the year. Both gave satisfactory results, no *Bact. coli* Type 1 being present in 100 gms. of watercress.

(c) CHIEF PUBLIC HEALTH INSPECTOR'S SECTION

During the year inspectors engaged on district duties made a total of 7,147 visits to premises as follows:—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, fish and chip shops, etc.	...	...	...	...	...	5,650
Visits to factory canteens	...	...	...	...	...	589
Visits to bakehouses	...	...	...	...	...	134
Visits to licensed premises where food is sold	...	...	...	...	...	698
Special visits to licensed premises	...	...	...	...	...	76
						<hr/> 7,147 <hr/>

This figure is a slight increase over that for 1963 when 6,737 visits were made.

Four premises were the subject of legal proceedings in 1964 for what were considered to be offences against the requirements of the Food Hygiene (General) Regulations, 1960.

The first case concerned a cafe which was in a deplorably filthy condition and deficient in equipment and facilities. The proprietor was convicted on nine counts and fined a total of £84, but, despite this, he again allowed conditions in the cafe to deteriorate and at the end of the year action to take further proceedings was in hand. The second case involved a small bakery and shop which, despite warnings, was being kept in a dirty state — four offences against the Regulations were proved and a total fine of £40 imposed. A restaurant was the subject of the third action and the offences against the Regulations involved such malpractices as washing a waiter's underclothing in the food preparation sink while catering was in progress, smoking while preparing food and allowing generally filthy conditions to prevail. Pleas of guilty to 15 offences were met by total fines of £175. In the fourth case at the Court hearing it was found that certain of the summonses had not been served and as, in the meantime, sufficient improvements had been achieved in the restaurant concerned it was decided not to pursue the action. The Magistrates did, however, impose a fine of £2 on a kitchen hand who pleaded guilty to smoking while working.

Other food premises visited by the inspectors engaged on district duties included:—

Breweries	...	...	...	6	Mineral water factories	...	...	...	7
Sweet manufacturers	...	...	...	15	Jam makers	...	...	...	1
Biscuit manufacturers	...	...	...	1	School canteens (with serveries only)	...	...	...	260
Potato crisp manufacturers...	...	...	...	2	Fish and chip friers	...	...	...	303

Licensed Premises

Notifications of applications submitted to the Justices for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 277 notifications received during the year, most of which were for renewal of existing registrations. Inspections were carried out and in only 22 cases was it found necessary for letters of constructive criticism to be sent to the secretaries or proprietors of the clubs, calling for improvements. In no case was it found necessary to raise formal objection with the Justices to the registration of the club.

The special visits to on-licence premises were continued during evening peak trading hours, followed by a visit during the day soon afterwards. Off-licence premises also received attention with daytime visits. Because of the staff position, evening inspections were on a reduced scale and only 38 on-licence premises were visited during the year. In the case of two licenced premises, deficiencies of equipment, disrepair or other conditions were found and were the subject of letters to the respective breweries.

Mobile Canteens

A hawker of food, which term includes the operator of a mobile canteen, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. There were eight new applications for registration and two cancellations during the year bringing the total to 65 operators of mobile canteens registered in the City at the year end. Under this Section, no one, other than a person keeping open shop for the sale of food, shall either by himself, or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must be suitable and registered with the Corporation.

The provision of the Food Hygiene (General) Regulations, 1960, apply in these cases. The general standard of food hygiene observed by the operators of mobile canteens was found to be uniformly satisfactory and they readily co-operated with the inspectors in remedying any deficiencies.

Factory Canteens

Regular visits of inspection are made to many factory canteens. Some of these canteens cater for thousands of main meals per day. Standards compare favourably with many eating houses and each year shows works of improvement at a number of premises. There were 790 canteens known to be operating in the City in 1964 compared with 795 at the end of 1963.

Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. Exception to this requirement is where a justices' licence for the sale of liquor is held. At the end of the year there were 774 registered catering houses compared with 755 at the end of 1963. During the year

the registration of 53 new eating houses was effected while 34 registrations were cancelled as the premises ceased to be so used. The Food Hygiene (General) Regulations, 1960, were applicable to all these premises and visits have been made to ensure the observance of them and to see that a good standard of food hygiene is maintained.

Bakehouses and Confectionery Bakehouses

At the end of 1964 there were 73 bakehouse premises operating in the City as compared with 74 in the previous year. Thirty of these premises are solely engaged in the manufacture of cake confectionery, three restrict their activities to the baking of bread and the remaining 40 manufacture both bread and confectionery in varying proportions.

Visits of inspection to the 62 smaller bakehouses have been made at approximately four-monthly intervals as part of routine district public health inspection and the standard of hygiene of these premises continues to be well maintained. The 11 larger bakehouses in the City have been under the constant supervision of the Milk and Dairies Section.

ENVIRONMENTAL HEALTH SERVICES

HOUSING

In recording another year's activity of the Housing Section, one is reminded of the eminent educationalist who modestly attributed his reputation for writing fresh and original annual reports to a filing system which prevented his repeating himself more than once in three years!

Dramatic advances and new records must not be looked for in the work of this Section, concerned as it is principally with the steady application of established procedure. This, together with a number of ancillary duties, aims at the acquisition and ultimate demolition of houses which are unfit for human habitation and the arrest of the deterioration and drift into obsolescence of the remainder.

Nevertheless, the year has been one of progress and although the work lies chiefly in one field, it is concerned not only with houses but involves contacts with tenants, landlords, builders, estate agents, solicitors and fellow citizens of the Commonwealth and is therefore not lacking in variety!

Although an assessment of changes in the general housing situation in the City over the last twelve months must be based on something more comprehensive than a comparison of gains and losses in houses and population, those figures are not without significance.

During 1964, a total of 4,138 new dwellings was provided, 2,512 by the Corporation and 1,626 by private enterprise. Of this latter, 67 were produced by the conversion of large houses into flats, the corresponding figure in the case of the Corporation being 6.

Unfortunately, but in this particular context only, 2,570 houses were demolished or closed prior to demolition in the same period thus giving a net gain for the year of 1,568 dwellings. But it is estimated that there was a decrease of 9,600 in the City's population during the year, a fact of less significance than appears, compared with the 40,000 families still on the Housing Management Department's register of applicants.

At the same time, against the net gain of only 1,568 dwellings and the deterioration of many houses throughout the City after a further twelve months' lack of maintenance, there must be set the disappearance of the 2,570 old, worn out houses already referred to, the installation during the year of baths, hot water supplies and other amenities in 1,493 houses built without them and the complete renovation during 1964 by the Housing Management Department of 1,849 houses acquired under the current slum clearance programme as unfit for human habitation. Nor can the large volume of first aid and other urgent repairs carried out by that Department be overlooked. Account must also be taken of the repairs carried out by private owners, either voluntarily or as a result of official action.

I am indebted to the Housing Manager, Mr. J. J. Atkinson, for the following picture of this side of his Department's activity.

(a) Number of houses renovated during 1964:—							
(i)	In Redevelopment Areas	...	...	...	...	...	39
(ii)	In Clearance Areas	...	...	...	...	...	1,849
(b)	Total number of houses renovated up to 31st December 1964	...	...	...	...	...	28,023
(c)	Number of houses at which renovation was in progress at 31st December 1964	...	...	...	...	...	1,497
(d)	Number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December 1964	...	...	...	...	...	1,569
(e)	Average cost of renovation per house during 1964	...	...	...	...	...	£319

Areas of Unfit Houses (Clearance Areas)

Although their demolition is the ultimate aim, houses acquired by the Corporation under the slum clearance programme, after confirmation of the Compulsory Purchase Order, are normally repaired and kept in occupation until replacement housing is available. Liaison is maintained with other Departments, however, to ensure that early demolition is carried out in every case where a direct or indirect housing gain can be achieved by immediate development of the site involved.

In 1962 there was a reasonable expectation that by the end of 1965 all houses affected by the slum clearance programme would have been started on the road to ultimate demolition, via acquisition and interim repair by the Corporation. But as each year sees further houses becoming unfit through general deterioration, it seems likely that action may have to be taken in respect of a hundred or two unfit houses a year, for some years yet.

The inclusion of houses in a Clearance Area depends, firstly, on their being unfit for human habitation and, secondly, on the Council being satisfied that the conditions in that Area are such as can be satisfactorily dealt with only by the demolition of all buildings in it.

In 1964, official representations were made in respect of 1,708 unfit houses grouped into 135 Clearance Areas, while as a result of representations previously made, 8 Public Inquiries, presided over by a Ministry of Housing and Local Government Inspector, were held to consider a total of 86 Housing Compulsory Purchase Orders covering 1,954 houses.

Much work is involved in the preparation by the Housing Section of the evidence and plans on which the Corporation bases its case for compulsory purchase. In particular, each owner who contests the statement that his property is unfit for human habitation must be furnished with a schedule of the defects which have led to the inclusion of that property in the Order.

Undertakings by Owners

As most of the solid blocks of back-to-back houses, such as those ranged round a congested yard or facing a blank factory wall in a narrow court, have now been dealt with, a larger type of house having somewhat better facilities and more air space is coming up for review. Although unfit for human habitation, these are not always hopelessly so, and an increasing number of owners is desirous of submitting schemes to carry out such works as will enable them to retain the ownership of those houses.

During the year an increased number of such proposals with regard to houses included or likely to be included in Clearance Areas, were received and discussed; the total number of schemes approved, in some cases after considerable amendment, being 180. The carrying out of a scheme approved by the Housing Section means, of course, that the house is no longer affected by the slum clearance programme. In the case of a house already included in a Housing Compulsory Purchase Order, the owner is accorded full support in his application to the Minister for the exclusion of that house from the Order on his undertaking to carry out the approved works.

In all but a minority of cases this procedure gives satisfactory results in that an unfit house is made fit and – if the owner can be so persuaded – is brought up to a modern standard also.

A recent experience with 14 multi-let houses, however, shows that when this particular class of large house becomes unfit for human habitation, the procedure to be followed under the Housing Act, 1957 has certain serious limitations as, by giving an undertaking to repair, as outlined above, an owner can contrive to collect rents for an extended time during which the quality and quantity of the work carried out is such as to be almost neutralised by the rate at which the premises continue to deteriorate.

Individual Unfit Houses

Unfit houses so situated that they cannot be included in a Clearance Area, or premises where part only is used for human occupation, are dealt with on a different basis from groups of unfit houses. Instead of a Compulsory Purchase or Clearance Order the premises may be dealt with by way of a Demolition or Closing Order or by the giving of an Undertaking Not to Use. Alternatively, they may be made fit for human habitation, either by the owner or by the Corporation following acquisition.

In cases of this type an appeal to the county Court is substituted for the Public Local Inquiry.

Examples of these individual cases dealt with during the year have included a room approached by a dangerous external staircase, and situated over a long-disused shop, a former lodge in serious disrepair, situated 350 feet from the nearest road, lacking electricity, gas and proper

drainage, and a pair of old country cottages, suffering from very extensive dampness and disrepair, their sanitary accommodation being a pail closet and the only water supply a grossly polluted well.

Particulars of action taken with regard to individual dwellings during the year, under Part II of the Housing Act, 1957, are:—

(1)	Houses represented as unfit for human habitation	...	...	53
(2)	Owner's undertaking accepted:			
	(a) Not to relet for human habitation	...	...	1
	(b) To make fit for human habitation	...	...	32
(3)	Demolition Orders made	...	...	10
(4)	(a) Closing Orders made as demolition would affect adjacent buildings	...	...	5
	(b) Closing Orders substituted for Demolition Orders under Section 26.	...	...	1
(5)	Houses to be acquired by Local Authority	...	...	4
(6)	Demolition following making of an Order, or accepting an Undertaking	...	...	26
(7)	Undertaking to make fit complied with	...	...	18
(8)	Houses made fit after the making of Closing Orders	...	...	1
(9)	Parts only of buildings represented as unfit for human habitation	...	...	1
(10)	Closing Orders made on parts of buildings	...	...	5

Total number of individual dwellings dealt with between September, 1939, and 31st December, 1964 2,008

Housing Act, 1964 – Improvement Areas

In August there came into force the Housing Act, 1964, which, among other things, includes powers to deal with improveable houses on a grouped basis as is done with unfit houses under the Housing Act, 1957.

Birmingham has several thousand soundly constructed houses which are substandard only in the sense that they lack a bathroom, a hot water supply and an internal W.C.; but they are of sufficient size and are well placed as regards shopping, school and other facilities. They are, therefore, very good subjects for trying out the powers now being made available, which modify the improvement grant procedure in a number of ways.

Hitherto, a tenant, anxious to have improvements and willing to pay an increased rent therefore, was dependent on the consent of the landlord and had no redress if the latter declined to move in the matter. The new Act, by giving initiative to the tenant, has changed the position.

Despite its somewhat cumbersome and lengthy procedure, the 1964 Act now also makes it possible to bring whole blocks of property up to date, if the tenants consent, by the installation of what must henceforth be regarded as essential amenities.

Prior to service of notice on the landlord to provide the amenities specified, an opportunity must be given to all interested parties, including the tenant, to discuss the proposals with local authority representatives. This enables due account to be taken of family composition and other circumstances before deciding whether the modernisation is best achieved by the conversion of a bedroom into a bathroom or by the reconstruction of the outbuildings for that purpose.

Another departure is that, whereas hitherto any works of necessary repair have been carried out at the same time as those of improvement, the new legislation stipulates that the house to be improved must already be fit for human habitation, thereby, in effect, creating two types of Improvement Area. In one, the condition of the houses will be such as to permit the service of the Improvement Notices, where the tenants consent, once those concerned have had an opportunity of discussing the proposals and of submitting objections or counter proposals. In cases where the consent of the tenant is not forthcoming, a Suspended Improvement Notice is served and this, under certain circumstances, becomes effective after 5 years without that consent.

In the other type of area it will be necessary, owing to the condition of the houses, first of all to serve notice on the owners under Section 9 of the Housing Act, 1957 requiring them to carry out the works specified to make the houses fit. Only after those Notices have been complied with will it be possible to include the houses concerned in an Improvement Area and to press forward with their modernisation.

Preparatory surveys suggest that unless both types of Area are tackled simultaneously, some, at least, of the houses in the second category will deteriorate to a point where they can no longer be made fit at a cost which would bring them within the control of Section 9 procedure.

Nevertheless, this new approach is most welcome as it has long been a matter for concern that staff shortage and the need to concentrate on the slum clearance programme has prevented a return to that systematic attack on house deterioration, block by block, which was among the duties carried out in the inter-war years.

Although actual declaration of the first Improvement Areas must await the issue of the promised Regulations, collection of the detailed information which will be required was already well in hand at the year end.

Drawing Office

The Housing Act, 1957, requires the preparation of an accurate plan defining each area of unfit houses which is declared by official resolution to be a Clearance Area, and a similar requirement is now contained in the Housing Act, 1964, in respect of Improvement Areas.

The present staff of three draughtsmen is fully engaged, in all weathers, in the preparation of these plans whose accuracy is of great assistance, not only to the City Engineer, Surveyor and Planning Officer, but also for example to the City Estates Officer in the negotiations for purchase which ultimately follow Clearance Area declarations.

Housing Standards

The provisions in post-1918 housing legislation which made payment of a subsidy on new houses contingent on their being provided with a bath, were presumably so much in advance of their time that financial inducements to encourage owners to install baths in existing houses had to await the passing, thirty years later, of the Housing Act, 1949.

Although the higher standards of living brought about by greater wealth and leisure have not yet affected every section of the community, it is sufficiently widespread to have changed ideas as to what is now acceptable as the normal in housing.

Today, despite time-honoured rulings on "the matters to which regard shall be had" in determining whether a house is fit for human habitation, common sense affirms that a house is not so fit if it lacks a bath and a hot water supply, neither of which is included in the existing standard.

It would seem, therefore, that a fresh approach is necessary with a view to the formulation of a standard more in keeping with our present outlook. Perhaps a tendency in this direction is indicated by the growing acceptance of a "satisfactory" food store without the long-established insistence on its being "ventilated to the external air", a requirement difficult to defend in some of Birmingham's industrial localities.

Consideration of this general subject reveals also a need for such power to maintain standards as will prevent that gradual decline in streets and neighbourhoods which is so deplorably noticeable in some Birmingham districts today.

At present, a notice served under the Public Health Acts to carry out works must be based on proof of conditions which are "a nuisance", as defined, or which are "injurious to health". If served under the Housing Acts the notice requires the removal of conditions which make the house unfit for human habitation.

Very many houses now lying midway between these two categories are drifting slowly into one or the other by reason of insufficient maintenance, so that powers to require the proverbial "stitch in time" would not only prevent the deterioration of a locality but would work to the ultimate benefit of the owner also.

Staff

The gradual running down of the slum clearance programme and the possibilities of opening a drive for housing repair and improvement – doubly welcome after ten years inspection, principally for condemnation – makes the long-standing and continued staff shortage even more exasperating.

During the year, the vacancies in the Section's establishment of 20 inspectors were increased to 9 by the loss of a further inspector whose securing of a senior post with another Authority was undoubtedly largely due to his two years housing experience, to get which he purposely came to Birmingham.

Mortgage Applications

Among the ancillary duties undertaken by the Section, not directly related to slum clearance or improvement, are inspections undertaken in respect of houses which are the subject of an application for a mortgage loan to the City Treasurer.

When the circumstances call for it, a schedule of defects requiring attention before the house can be regarded as in satisfactory repair, is also prepared and supervision of the works carried out is undertaken.

Although staff shortage no longer permits periodic inspection of the houses in mortgage to the Corporation, investigations made into suspected breaches of covenant together with recommendations prepared on applications for permission to sublet accounted, during the year, for 1,659 visits by the District Staff.

Advice to Intending House Purchasers

Long before the suggestion was made in a Ministry circular, enquiries made by prospective purchasers and vendors of property as to the possibility of its being affected by the slum clearance programme were being answered as fully as possible, by the Housing Section, thereby providing a safeguard particularly appreciated by prospective owner-occupiers.

This service was extended in 1958, by Council Resolution, to include the giving of that information in every reply to an Official Search, whether requested or not.

Recognition of the worth of this service is indicated by the steady increase in the number of queries received by personal call, by telephone, by letter or from the Land Charges Office. In 1964, 33,466 enquiries were made about 48,494 houses, giving an average of 133 queries per working day.

PUBLIC HEALTH INSPECTION

Staff

There was very little improvement in the staffing position of qualified public health inspectors. During the year five experienced inspectors left the Department to take up appointments with other authorities but during this period seven of the students qualified and were appointed to the permanent staff. Ten new staff were recruited as student public health inspectors and commenced the course of training leading to the Diploma of The Public Health Inspectors Education Board in the September. At the end of the year the strength of students under training was as follows:—

<i>Year</i>					<i>Number of Students</i>
First year	...	...	...	...	15
Second year	...	...	...	...	10
Third year	...	...	...	...	8
Fourth year	...	...	...	...	9

Six of the first year students were engaged on duties within the office.

The number of staff employed on district duties at the end of the year was as follows:—

					<i>Actual</i>	<i>Establishment</i>
District Inspectors	...	...	...	...	10	10
Assistant District Inspectors	...	...	...	...	29	40
Public Health Inspectors	...	...	...	...	9	20
Student Public Health Inspectors	...	...	...	...	36	40
Assistant Inspectors	...	...	...	...	10	20
(Technical Assistants)						

Two of the public health inspectors were superannuitants who had been re-engaged due to the extreme shortage of staff. The 10 technical assistants mentioned above were employed to assist the inspectors on the districts and were mainly engaged with work in connection with houses in multiple occupation.

The duties under the Prevention of Damage by Pests Act, 1949, and the Shops Act, 1950, are carried out by inspectors who specialise in these aspects of the work. At the end of the year there was a vacancy for a Rodent Officer.

Inspections

For the second successive year, the total number of visits to premises of all types showed an increase over the previous year. Visits made by inspectors on district, technical assistants and student inspectors totalled 195,666. Visits by students under instruction accounted for a high proportion of the increased visits and the number of visits by technical assistants was doubled.

Number of visits carried out in recent years were:—

<i>Year</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>
Visits	188,143	181,874	170,654	178,719	195,666

In the summer, for a period of about three weeks, normal work was seriously interrupted by the necessity to carry out a series of checks on the availability of stocks of corned beef in food shops. This was following the typhoid outbreak in Aberdeen.

Although slightly fewer visits were made in connection with housing generally, there was an increase in the number of visits made following applications for improvement grants. The number of these applications received in the year showed an increase over the previous year. Over 2,000 more visits were paid by qualified or pupil inspectors to houses in multiple occupation than in the previous year, and a little under 6,000 more visits were paid to this class of premises by the technical assistants.

In order to give the necessary priority to works in connection with houses in multiple occupation and in connection with improvement grants, it was again necessary to limit the number of visits made to various other classes of properties, including factories, food premises and offices registered under the Offices, Shops and Railway Premises Act, 1963.

The total of visits by staff engaged on general district duties during 1964 was made up as follows:—

		<i>% of total</i>
House inspections	96,055	49.09
Inspections of food premises	7,071	3.61
Visits re infectious disease	5,245	2.68
Visits re corned beef stocks (Aberdeen typhoid outbreak)	5,280	2.70
Inspections of outworkers' premises	169	0.09
Inspections of tents, vans and sheds	16	0.01
Inspections of stables and pigsties	253	0.13
Inspections of tips	228	0.12
Visits to burials, exhumations, etc.	19	0.01
Inspections of pleasure fairs and circuses	90	0.05
Visits re sampling of water (not by water sampling officer)	108	0.06
Visits re taking of rag flock samples... ..	22	0.01
Inspections of offensive trade premises	30	0.02
Inspections of factory premises	2,458	1.26
Inspections of surface air-raid shelters	140	0.07
Inspections of common lodging houses	129	0.07
Inspections of premises re Town and Country Planning applications	1,812	0.93
Inspections of public houses	76	0.04
Visits by students under instruction by qualified inspectors	28,573	14.60
Joint visits made by qualified inspectors	1,491	0.76
Other successful visits	14,749	7.54
Unsuccessful visits	19,951	10.16
Visits to deliver supplies of poliomyelitis vaccine to clinics	97	0.05
Visits re lectures and demonstrations to visitors	108	0.06
Visits by technical assistants	11,286	5.77
Visits to offices and shops	193	0.10
Visits to agricultural units	17	0.01
	<u>195,666</u>	<u>100.00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

		<i>% of Total</i>
Visits by public health inspectors and technical assistants on district	195,666	80·8
Visits by Shops Act inspectors		
Under Shops Act, 1950	26,008	
Under Offices, Shops and Railway Premises Act, 1963	3,028	
	<hr/> 29,036	12·0
Visits by rodent control inspectors	17,596	7·2
	<hr/> <hr/> 242,298	<hr/> 100·0

Infectious Diseases

Visits made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases totalled 10,525 for the year. This figure includes those visits made to obtain specimens for bacteriological examination to assist the Medical Officer of Health in his investigations. The comparative figure for 1963 was 4,018, an increase for 1964 of 6,507 visits or 162 per cent. This exceptional increase was brought about by the urgent investigation of stocks of tinned corned beef and tongue throughout the City and was part of the national investigation resulting from the Aberdeen typhoid epidemic. It involved the visiting of all stores, canteens and feeding establishments in the City for the checking of certain brands and markings. Although no proof existed that these tins carried a special risk, advice was given for their withdrawal from stock and return to suppliers as a precautionary measure.

Once again the assistance of the district inspectorial staff was enlisted in delivering to general practitioners some supplies of vaccine for use against poliomyelitis. However, the number of visits for this purpose amounted to 97 only, as the vaccine supplied in the latter months of the year had a better lease of life at room temperature and it became a practicable proposition, therefore, to send it to general practitioners through the post. This arrangement was welcome as it released inspectors for other important duties.

House to House Inspection

Provisions for securing the repair, maintenance and sanitary condition of houses are contained in Part II of the Housing Act, 1957, and Section 4 defines the standard to be observed in determining whether a house is unfit for human habitation. Where an unfit house is capable of repair at reasonable expense, the local authority shall serve upon the owner a notice under Section 9 of the Act, requiring him within a given time to make the house fit by carrying out specified works.

As mentioned in previous reports, the Department continues to face problems arising from a seriously depleted technical staff together with increasing pressure in relation to the inspection of houses in multiple occupation, and of those houses where owners are desirous of improving them with the aid of a grant. The introduction of the Offices, Shops and Railway Premises Act, 1963, the main requirements of which came into operation on the 1st August, has undoubtedly added heavy responsibilities to the work of the inspectorate.

House to house inspection, therefore, for the purposes of Section 9, has been temporarily halted and during the year notices served in respect of three houses only. Visits were made, however, to properties where works were in progress as a result of earlier notices. These inspections revealed that works were satisfactorily completed in respect of 29 houses.

Houses in Multiple Occupation

In the report for 1963, a full account was given of the work which had been undertaken in an attempt to secure reasonable conditions for those persons who, through shortage of dwelling-house accommodation let at low rents, had been forced to take rooms in houses in multiple occupation. There has been a steady increase in the number of houses let in this way and at the end of the year the Department had a record of 4,250 houses which were known to be let intensively in multiple occupation. The drive to inspect these houses and to secure facilities together with a reasonable standard of management has been vigorously carried on throughout the year. Inspectors and their assistants have given a high degree of priority to this work and have paid no less than 21,071 visits to houses in multiple occupation. This has necessarily meant a reduction in visits to other classes of premises since, apart from the four additional technical assistants appointed to help with this work, there has been no increase of inspectorial staff.

The intense activity, which will be evident from a study of the figures given below, has brought about some improvement in the living conditions of people dwelling in the houses, especially in Sparkbrook, Balsall Heath, Moseley, Handsworth and Rotton Park. If it were not for the steps taken, the deterioration in these areas would have been far more marked and rapid. The Housing Act, 1961, gives strong powers to deal with conditions affecting the people living in the houses but is not so speedy or effective in bringing relief to neighbours who complain of deterioration in a neighbourhood. It is significant that the power to make a Control Order under the Housing Act, 1964 shall only be used if the health, welfare or safety of the occupants of a house in multiple occupation is likely to be affected.

Arising from inspections carried out, the following action was taken during the year:-

Number of premises in respect of which notice under Section 170 of the Housing Act, 1957, was served to ascertain details of ownership	896
Number of premises in respect of which a Notice of Intention to make a Management Order was served.	239
Number of premises in respect of which a Management Order was made.	271
Number of premises in respect of which a Notice of Intention to give a Direction to limit numbers having regard to facilities existing was served.	594
Number of premises in respect of which a Direction was given ...	606
Number of premises in respect of which notice under Section 15 of the Housing Act, 1961, was served to require works and provision of facilities	421
Number of premises in respect of which notice under Section 90 of the Housing Act, 1957, was served to abate overcrowding ...	56
Number of premises in respect of which notice under Section 14 of the Housing Act, 1961, was served requiring execution of works to make good neglect of proper standards of management. ...	141
Number of premises in respect of which notice under Section 19(9) of the Housing Act, 1961, was served requiring information re occupancy of house which was subject to a Direction.	663
Number of premises in respect of which Directions given by the local authority were varied to permit an increased number of occupants	118

During the year visits were made to houses in multiple occupation as follows:-

Visits by public health inspectors	3,278
Re-visits	6,507
	<hr/>
	9,785
Visits by technical assistants	11,286
	<hr/>
Total number of visits	21,071
	<hr/>

The total number of houses in multiple occupation which have been inspected was 2,751, and in 948 cases no action was necessary. The number in which action was called for has now been brought up to 1,803.

By the end of 1964, the totals for various actions taken were as follows:-

Directions given	...	...	...	...	...	...	709
Management Orders made	...	...	...	...	...	...	1,134
Houses subject to notice under Section 15, Housing Act, 1961.	...						1,081
Houses equipped by Department following request or default action, Section 15 Housing Act, 1961.	...	...	...	...	...	...	101
Houses affected by works carried out by Department under Section 14, Housing Act, 1961.	...	...	...	...	...	...	92
Control Orders made under Section 73, Housing Act, 1964.	...						Nil

As in previous years it was necessary to follow up notices served and this resulted in a great deal of extra work, not only for the inspectors at all levels but for the enforcement section, the clerical staff, the Town Clerk's Department and the Salvage Department. The help and support which has been given by all concerned merits the highest commendation.

By the end of 1964 over 8,000 cases brought under the Housing Acts, 1957 to 1964 and under the Landlord and Tenant Act, 1962 had been heard by the Magistrates. Fines were imposed totalling over £9,600. The summonses dealt with ranged from failure to provide rent books and to maintain proper standards of management, to overcrowding.

Much use was made by the Public Works Committee of their powers under the Town and Country Planning Acts in an attempt to preserve the amenities of residential areas of the City. The powers are effective in bringing about the discontinuance of the use of a dwelling deemed unsuitable on planning grounds for use as a house in multiple occupation, but the procedure is slow and laborious. Following a High Court decision in November, 1963, when it was decided that under planning law a material change of use might be considered to have taken place when a house was let in multiple paying occupation, opportunity was taken, during 1964, to refer to the City Engineer, Surveyor and Planning Officer, a considerable number of houses situated in areas where the desirability of such use warranted consideration from a planning viewpoint. There were referred to the City Engineer and Surveyor for consideration under the

Town and Country Planning Acts, 223 premises and by the end of the year action taken was as follows:—

Number of premises in respect of which enforcement action to discontinue use was authorised	61
Number of premises where the use in multiple occupation had ceased by the end of the year as a result of formal or informal action.	48
Number of premises in respect of which the users had appealed against enforcement action to discontinue	8
Number of premises in respect of which no planning action was taken (use establish or no change of use)	51

With the ammendments made to legislation dealing with already existing houses in multiple occupation by the Housing Act, 1964, the powers given to local authorities to control over-occupation, remedy defects of management and to require the provision of amenities in houses which are found to lack them are strong and generally effective. The City Council has held the view for some years that powers of prevention are necessary. Before preparing a scheme of registration under Section 22 of the Housing Act, 1961, for submission to the Minister, the City Council has promoted a private Bill to extend the scheme to require registration of houses intended to be let in multiple occupation and giving the power to impose conditions or even to refuse registration if the premises are deemed to be incapable of being rendered suitable for multiple occupation. The Bill also seeks power to refuse registration if the house is to be run by a landlord who is considered not to be a fit and proper person or if the house is situated in a locality the amenity or character of which would be injured by such letting or occupation. It is hoped that the Bill will become law in the summer of 1965 and that a scheme of registration will be in operation by the autumn.

Certificates of Disrepair

The number of appeals made to the Department for assistance under the Rent Act, 1957, continued to decrease during the year. Tenants of houses controlled by that Act may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking on the statutory form that he will carry out the repairs within a period of six months. In the year 1964 only 90 applications for such certificates were received; this was by far the lowest figure for any year since the Act was passed. In each of the 90 cases a full inspection of the house was made and in 85 instances it was decided that the local authority should initiate action. Forms J were served upon the landlord of each property and these resulted in 54 undertakings being given and 24 certificates of disrepair being issued. In addition, notices were served under the Public Health Act, 1936, requiring the landlords to abate nuisances in respect of any of these properties if action under that Act was considered justified.

The following figures indicate the action taken in 1964:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	90
2. Number of decisions not to issue certificates	...	...	...	4
3. Number of decisions to issue certificates	...	...	...	85
(a) in respect of some but not all defects	...	...	...	49
(b) in respect of all defects	...	...	...	36
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	54
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
6. Number of certificates issued	...	...	...	24

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	...	14
8. Objections by tenants to cancellation	...	...	...	...	...	5
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	...	4
10. Certificates cancelled by Local Authority	...	...	...	...	...	11
Number of visits made under the Act	...	...	...	...	...	411
Number of re-visits made under the Act	...	...	...	...	...	402
Total number of visits	...	...	...	...	...	813

Rent Restriction Acts

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year 384 notifications were received from the Rent Tribunal, resulting in 127 entries being made in the Register maintained under the Act. Fifteen certified copies of entries in the Register were issued on payment of one shilling in each case.

Housing Improvement and Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

HOUSING ACT, 1964

The steady increase in the number of applications for grants was maintained, and in 1964 a total of 1,793 was approved compared with a total of 1,636 in 1963. A special feature of this figure was the proportion of landlord applications which substantially increased during the year. Undoubtedly the compulsory improvement powers contained in the Housing Act 1964, which came into force in August, had a stimulating effect on landlords to proceed voluntarily with the improvement of their properties.

Up to the end of the year 45 tenants had exercised their right under the Housing Act 1964, and had written to the Corporation asking it to use its powers to secure the provision of bathrooms by their landlords. On notification of this, the landlords concerned in nearly half the cases indicated that undertakings would be given to carry out improvement works. In the remaining cases the preparation of preliminary notices under Section 19 of the Housing Act 1964 was proceeded with.

In March a demonstration of improvement works was arranged and three terrace type houses, recently acquired by the Corporation, were adapted to show various methods of providing a bathroom, hot water supply and other standard amenities. The first house showed a full outbuilding conversion to provide bath, wash-hand basin and water closet in a bathroom, with hot water supplied by a solid fuel appliance. The second demonstrated a partial outbuilding conversion containing a shower and wash-hand basin with access to a water closet – here water was heated by gas. The third house had a bathroom already provided by converting a small bedroom and hot water by electric immersion heater. A fourth house, lacking amenities, was also open for demonstration and comparison.

The demonstration houses were open for three weeks and were visited by 9,658 people.

The cost of staging the demonstration, together with a grant for the improvement works involved, was borne by the Ministry of Housing and Local Government who also supplied the mobile demonstration unit which visited this and other sites in the City showing films and other publicity material.

The following statistics refer to the applications for improvement grants during 1964:—

DISCRETIONARY GRANTS—

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
(a) Conversions	35	30	£ 6,825	s. 18	d. 6
(b) Improvements by Landlords	30	19	4,256	2	6
Owner-occupiers	16	12	2,395	0	0

STANDARD GRANTS—

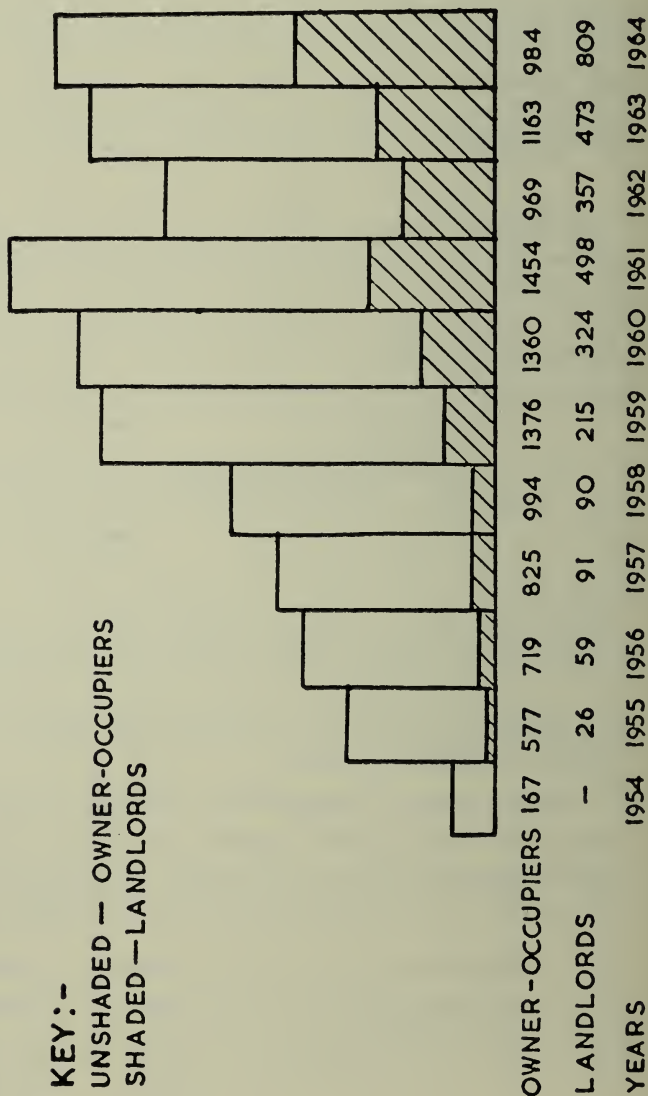
	<i>Applications Received Approved</i>		<i>Grants Paid</i>						
	<i>(No. of dwell- ings)</i>	<i>(No. of dwell- ings)</i>	<i>(No. of dwell- ings)</i>	<i>Total Amount £ s. d.</i>	<i>Number of amenities provided</i>				
					<i>Fixed bath or shower</i>	<i>Wash basins</i>	<i>Hot water supplies</i>	<i>Water closet</i>	<i>Food storage facilities</i>
Landlords	845	760	462	51,403 4 10	} 1,273	1,336	1,335	1,379	839
Owner-occupiers	982	972	979	108,827 4 4					

Seven applications for discretionary grants and 31 applications for standard grants were rejected.

During the year, 10,929 visits were made to houses in connection with Improvement Grants compared with 9,471 in 1963. Since the first improvement grant was paid in the City in 1952, £1,170,325 16s. 2d. has been paid out in 11,422 grants made up as follows:—

Landlords	...	...	...	2,148	282,016	3	5
Owner-occupiers	...	...	...	9,274	888,309	12	9
				11,422	£1,170,325	16	2

HOUSING IMPROVEMENT GRANTS APPLICATIONS APPROVED



Approximately four-fifths of this total (£925,522 8s. 9d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 13,530 applications have been approved, made up as follows:-

Owner-occupiers	...	...	...	...	10,588
Landlords	...	...	...	...	2,942
					<hr/>
					13,530
					<hr/>

Abatement of Nuisances

Perhaps the best known aspect of the work of the public health inspector is that of investigating complaints of unsatisfactory living conditions and of securing the abatement of nuisances. Upon investigation, these complaints are often found to arise from discomfort due to defective roofs, floor boards, wall plaster or dampness in a house. If a nuisance is proved, a notice is served under Section 93 of the Public Health Act, 1936, calling on the owner to carry out the necessary works to abate the nuisance. In the majority of cases the owner complies with the requirements within a reasonable time but if he fails to do so a complaint is made to the Magistrates who may make a Nuisance Order. If the owner fails to comply with the Order the local authority may carry out the work at his default. This comparatively simple legislation is effective in securing the remedying of many defects which have occurred, but cannot be used to prevent deterioration or to require works of maintenance in anticipation of a nuisance.

Since July, 1964, powers contained in the Public Health Act, 1961, to Act, abate urgent nuisances have been used in substitution for powers previously contained in Section 32 of the Birmingham Corporation 1948.

During the year a total of 5,141 statutory notices was served, 2,809 of these being under Section 93 of the Public Health Act, 1936. The average time taken for compliance was two months and 19 days, compared with two months and eight days in 1963.

The total of 5,141 statutory notices was made up as follows:—

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	2,809
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	1,132
Urgent nuisances, badly leaking roofs, broken water closet pedestals, etc., dealt with under the Birmingham Corporation Act, 1948 (up to 16th July, 1964)	277
Urgent nuisances, badly leaking roofs, broken water closet pedes- tals, etc., dealt with under Section 26 of the Public Health Act, 1961 (from 17th July, 1964)	293
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	178
Yard paving and drainage—Section 56, Public Health Act, 1936	141
Unsatisfactory drainage—Section 39, Public Health Act, 1936 ...	258
Filthy or verminous premises—Section 83, Public Health Act, 1936	25
Removal of noxious matter, Section 79, Public Health Act, 1936	14
Repair of unfit houses to make fit for human habitation— Section 9, Housing Act, 1957	5
Byelaw infringements – nuisances	8
Provisions of sanitary accomodation—Section 39, Birmingham Corporation Act, 1935	1
	<hr/>
	5,141

To enforce the requirements of the notices mentioned above and others served during the year, 864 summonses were taken out. Figures for recent years were:—

								<i>Summonses served</i>
1960	...	...	...	...	...	...	...	362
1961	...	...	...	...	...	...	...	284
1962	...	...	...	...	...	...	...	279
1963	...	...	...	...	...	...	...	552
1964	...	...	...	...	...	...	...	864

The majority of summonses served in respect of the abatement of nuisances bring about the desired result, in that the owner complies with the notice before the case is heard in court. The Magistrate made nuisance orders in 97 cases.

								<i>Fines</i>		
								£	s.	d.
<i>Summonses taken out during 1964</i>										
General nuisances	...	...	...	...	...	...	...	233	82	0 0
Disobeying Magistrates' Orders	...	...	...	...	...	...	...	11	68	10 0
Dogs fouling footway	...	...	...	...	...	...	...	3	6	0 0
Contraventions of Section 39, Public Health Act, 1936.	...	...	...	...	...	...	...	1	—	
Contravention of Section 83, Public Health Act, 1936.	...	...	...	...	...	...	...	1	5	0 0
Contravention of Section 241 (2) and 246, Public Health Act, 1936.	...	...	...	...	...	...	...	1	2	0 0
Contraventions of Section 90, Housing Act, 1957.	...	...	...	...	...	...	...	30	186	0 0
Contravention of Section 160, Housing Act, 1957.	...	...	...	...	...	...	...	1	5	0 0
Contravention of Section 170, Housing Act, 1957.	...	...	...	...	...	...	...	22	52	0 0
Contraventions of Food Hygiene (General) Regulations, 1960:—										
Regulation 5	...	...	...	...	...	...	...	2	30	0 0
Regulation 6	...	...	...	...	...	...	...	6	75	0 0
Regulation 8	...	...	...	...	...	...	...	2	25	0 0
Regulation 9	...	...	...	...	...	...	...	3	12	0 0
Regulation 14	...	...	...	...	...	...	...	5	42	0 0
Regulation 16	...	...	...	...	...	...	...	3	25	0 0
Regulation 18	...	...	...	...	...	...	...	2	12	0 0
Regulation 23	...	...	...	...	...	...	...	5	75	0 0
Regulation 24	...	...	...	...	...	...	...	1	15	0 0
Contraventions of Section 19 (2) Housing Act, 1961.	...	...	...	...	...	...	...	264	5,345	0 0
Contraventions of Section 19 (9) Housing Act, 1961.	...	...	...	...	...	...	...	34	169	0 0
Contraventions of Sections 1 and 4 Landlord and Tenant Act, 1962.	...	...	...	...	...	...	...	118	1,058	0 0
Contraventions of Housing (Management of Houses in Multiple Occupation) Regulations, 1962.										
Regulation 4	...	...	...	...	...	...	...	16	94	0 0
Regulation 5	...	...	...	...	...	...	...	21	236	0 0
Regulation 6	...	...	...	...	...	...	...	28	173	0 0
Regulation 7	...	...	...	...	...	...	...	8	31	0 0
Regulation 8	...	...	...	...	...	...	...	1	3	0 0
Regulation 9	...	...	...	...	...	...	...	1	3	0 0
Regulation 11	...	...	...	...	...	...	...	29	188	0 0
Regulation 12	...	...	...	...	...	...	...	8	56	0 0
Regulation 14	...	...	...	...	...	...	...	4	25	0 0
								864	£8,098	10 0

Enforcement Section

The Enforcement Section is responsible for arranging, at the request or default of owners and occupiers, the execution of works required to comply with statutory notices served by the Department under the Public Health Act, 1936 and associated acts and byelaws, the Housing Acts of 1957, 1961 and 1964, and the Housing (Management of Houses in Multiple Occupation) Regulations, 1962. It also carries out the requirements of nuisance orders made by the City Justices at Victoria Law Courts where these orders have not been complied with by the persons concerned.

The institution of all legal proceedings undertaken by this Section of the Department in liaison with the Town Clerk's Department is another important function, which involves the careful collation of information of every description and accurate preparation of evidence necessary for prosecutions to be successfully conducted.

During the proceedings at Victoria Law Courts each week the Enforcement Officer is present to assist and advise the Corporation's prosecuting solicitor.

During 1964 the volume of legal work undertaken greatly increased and the total number of cases in which legal proceedings were instituted was 864; the total of the fines imposed was £8,098 10s. 0d.

This great increase in the number of prosecutions taken by this section of the Department made it impossible for all cases to be dealt with during the normal sessions of the Magistrates' Courts, and special afternoon sittings were convened to hear only the Department's cases. These special afternoon sessions primarily dealt with prosecutions of owners of houses let in multiple occupation taken under the Housing Act, 1961 for failing to comply with directions made under this Act to prevent or reduce overcrowding and various offences under the Housing (Management of Houses in Multiple Occupation) Regulations, 1962 for neglect to maintain proper standards required in the management of these houses and included prosecutions for failing to provide and maintain a supply of gas or electricity and sometimes water for the use of the unfortunate people occupying these houses.

On the 1st October, 1964 a Pakistani landlord of several houses was brought before the Birmingham Magistrates' Court upon execution of outstanding warrants for non-payment of fines totalling £420, imposed for various offences under the Housing Act, 1961 and contraventions of the Housing (Management of Houses in Multiple Occupation) Regulations 1962. One warrant concerned a fine of £100 for contravention of a direction made under Section 19 of the Housing Act, 1961. Terms of imprisonment totalling four months were imposed and the landlord taken into custody. However, the money was paid the following day and he was duly released from prison.

This same Pakistani landlord was also sentenced to three months' imprisonment on 9th October, 1964 for a further contravention of a direction of Section 19 of the Housing Act, 1961 for permitting overcrowding. By interfering with the supply of gas and electricity at one house he contravened the Housing (Management of Houses in Multiple Occupation) Regulations, 1962 and was fined £20 on each of two summonses also, or two months' imprisonment, to run concurrently with the three months' sentence for overcrowding.

Since September 1963, this owner had been brought before the City Justices upon 18 charges by summonses for offences in contravention of the Landlord and Tenant Act, 1962 for failing to provide rent books – Section 83 of the Public Health Act, 1936 – the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, and of directions given under the Housing Act, 1961 in respect of four houses owned or controlled by him.

Subsequently this Pakistani landlord lodged appeal against the three sentences of the Magistrates' Court contending that the circumstances of the offences did not justify the imposition of the fines and the sentences of imprisonment, and that the sentences were too severe. The appeal came accordingly before the Recorder of Birmingham at Birmingham Quarter Sessions on the 5th November, 1964. The Appellant's Counsel on that occasion abandoned the landlord's appeal against the sentences imposed in respect of the two charges of contravening the regulations.

The Recorder then reviewed the facts and circumstances relative to the conviction and sentence for the overcrowding offence, and carefully examined the list of previous convictions recorded against the Appellant for offences of the various kinds already mentioned – noting that this was the sixth conviction for overcrowding offences. The Recorder said that officers of the local authority had a difficult enough task in carrying out their duties under this legislation, and it was only justifiable they should expect and get the support of the Courts.

Giving his decision the Recorder said he accepted there were certain matters of mitigation which had not been put before the Magistrates in the lower Court and giving effect to these he reduced the sentence to one of two months' imprisonment.

The Landlord and Tenant Act, 1962 lays down that a rent book or other similar document is to be provided for tenants or premises let on a weekly basis. During the year 118 prosecutions were instituted against owners of houses let in multiple occupation for failing to provide rent books or similar documents, and fines totalling £1,058 were imposed by the City Magistrates. More cases might have been taken but many of the tenants were evasive and reluctant to give the information required for fear of intimidation or eviction by the landlords concerned, and have refused to give evidence at the Police Court because of this fear of eviction. It is

hoped that the Protection from Eviction Act, 1964, passed in December, 1964, may prove effective in giving these tenants some protection. When these people have been asked why they tolerate such appalling conditions the reply is "Where else can we go?": they know that eviction from one lodging house means that they have to find accommodation in another similar type of house.

In addition to the tremendous amount of work undertaken on houses in multiple occupation, the other services given to owners and occupiers have been fully maintained. Repairs to property detailed during the year have covered all aspects of general building work and have varied from minor items of property repair to extensive works to houses let in multiple occupation, both under the Public Health Act, 1936 and the Housing Act, 1961, for the reconditioning of many of these houses to prevent them becoming slums of the worst type.

The demand for labour in the building industry is far in excess of the number of men engaged in the industry, and there is a great shortage of skilled tradesmen. Very high wages are being paid to carpenters, bricklayers and plasterers, and in view of the huge amount of new building work being undertaken in the City, particularly in the building of the 'New Birmingham', these tradesmen are able to choose their place and conditions of work. The high wages and better working conditions in the motor car industry have also made inroads into and further depleted the building labour force. Tradesmen are still refusing to work in houses let in multiple occupation because of the habits of the occupants of some of these dwellings, the smells and the nauseating odours from their cooking.

Their employers accordingly advise the Department of the conditions existing, and decline to do the work.

The total cost of works carried out during the year was £28,544 3s. 6d. These works required the preparation of 395 specifications, respecting 578 properties. Of these, 181 specifications were for the execution of building repairs to abate nuisances at 190 houses at a cost of £13,824 11s. 7d.

Repairs and improvements were carried out at a total of 233 houses at the request of the owners, at a cost of £13,424 6s. 11d., which necessitated the preparation of 164 specifications; and in 231 cases at the default of the owners, at a cost of £15,119 6s. 7d., involving 345 houses. In 54 cases essential works were carried out to comply with nuisance orders made by the City Justices at Victoria Law Courts. The cost of this work totalled £2,272 4s. 5d., and the number of houses affected was 53.

Works at houses in multiple occupation under Sections 14 and 15 of the Housing Act, 1961 have been carried out – 92 properties in accordance with 96 specifications – at a total cost of £8,896 13s. 5d.

The following analysis indicates the work undertaken by this Section during 1964:-

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			<i>£</i>	<i>s.</i>	<i>d.</i>
<i>Section 93 Public Health Act, 1936</i>					
<i>General Nuisances – repairs to defective houses.</i>					
At default of owners – for non-compliance with Nuisance Orders ...	54	53	2,272	4	5
By agreement	127	137	11,551	17	2
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners	22	100	1,796	17	5
By agreement	6	7	301	2	2
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners	45	67	1,121	11	8
By agreement	15	25	189	8	0
<i>Section 138 Public Health Act, 1936.</i>					
<i>(as amended by Section 30 Water Act, 1945 and Section 78 Public Health Act, 1961).</i>					
<i>Houses already having internal water supply but where supply was insufficient – improvement effected.</i>					
At default of owners	10	27	669	4	8
By agreement	9	57	1,316	17	1
<i>Section 9 Housing Act, 1957.</i>					
<i>Repair of unfit houses capable of being rendered fit at reasonable cost.</i>					
At default	1	4	346	5	0
<i>Section 32 Birmingham Corporation Act, 1948 and Section 26 Public Health Act, 1961.</i>					
<i>Repairs to houses to abate urgent nuisances</i>					
At default	1	1	15	0	0
By agreement	2	2	12	11	2
<i>Section 83 Public Health Act, 1936.</i>					
<i>Cleansing of filthy or verminous premises.</i>					
By agreement	1	1	25	0	0

Section 79 Public Health Act, 1936.

Removal of noxious matter from premises.

By agreement	3	3	24	0	1
---------------------	---	---	----	---	---

Section 14 Housing Act, 1961.

Works required to make good neglect of proper standards of management of houses in multiple occupation.

At default	46	47	5,056	9	11
-------------------	----	----	-------	---	----

Section 15 Housing Act, 1961.

Works carried out at houses in multiple occupation in providing essential facilities and amenities for the occupants.

At default	50	45	3,840	3	6
-------------------	----	----	-------	---	---

Section 59 Birmingham Corporation Act, 1946.

Removal of obstructions from drains.

At default	1	1	2	0	0
By agreement	1	1	3	11	3

The amount of work achieved is no doubt very commendable, considering the severe staff shortages. If the staff had been up to full strength, much more would have been accomplished.

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but work can be carried out at default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action was taken as follows:—

Birmingham Corporation Act, 1946—Section 59.

(Defective drains requiring urgent attention)

Total number of notices served during 1964 (involving 765 jobs)	1,132
Work carried out by owners in specified time	377
Orders given by this Department in default of owners' compliance	330
Total cost of work given to the Department's contractors	£2,397 19 7
Average cost per job	£6 3 7
The maximum charge in respect of any one job was	£175 7 5
and the minimum was	10 0

During the year notices were served in respect of obstructions in 29 private sewers affecting 236 houses.

For many years action to remedy urgent nuisances has been taken under Section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the national Act.

Birmingham Corporation Act, 1948—Section 32 (to 16.7.64 only)

(Defective houses requiring urgent attention)

Total number of notices served during 1964 (involving 255 jobs)	277
Work carried out by owners in specified time	133
Orders given by this Department in default of owners' compliance	97
Orders given by this Department at request of owners ...	25
The cost of the work given to the Department's contractors	
totalled	£3,085 18 0
Average cost per job	£25 5 11
The maximum charge in respect of any one job was ...	£369 5 11
and the minimum was	£1 1 8

Public Health Act, 1961—Section 26 (from 17.7.64 only)

(Defective houses requiring urgent attention)

Total number of notices served during 1964 (involving 259 jobs)	293
Work carried out by owners in specified time	122
Orders given by department in default of owners' compliance	121
Orders given by this department at request of owners ...	16
The cost of the work given to the Department's contractors	
totalled	£1,798 10 5
Average cost per job	£13 2 7
The maximum charge in respect of any one job was ...	£114 6 6
and the minimum was	1 9 2

Redevelopment Areas and Clearance Areas

Tenants of houses in Corporation ownership continued to seek the assistance of the Department in order to secure essential repairs to their properties. While some of the complaints received during the year related to houses on the modern estates, the very great majority concerned properties taken over under slum clearance schemes. Many of the occupiers of these houses continue to complain to this Department when repairs become necessary as they had done before the houses were acquired by the Corporation. Many tenants expect immediate attention if they complain to the Housing Management Department and if this is not forthcoming they appeal to this Department to exert pressure in the appropriate place.

The Department continued its close co-operation with the Housing Management Department on this problem. Public Health inspectors only visited properties to investigate complaints if the tenants alleged undue delay on the part of the Housing Management Department or if there appeared to be some difficulty which could best be relieved by an on-the-spot investigation. Complaints which did not fall in these categories were passed direct to the Housing Manager for his action.

During the year 1,676 complaints were received concerning property in Corporation management and of this number 658 were investigated by this Department. Altogether 1,500 letters were sent to the Housing Manager during the year, drawing his attention to defects at houses under his management. Appropriate action was taken to follow-up these letters in the interests of the tenants.

Burial of the Dead and Exumations

During the year two licences were issued by the Secretary of State, Home Office, for the removal of human remains from graves in the City for re-interment elsewhere. Copies of these licences, when issued, are sent from the Home Office to the Medical Officer of Health for the area and in each case a public health inspector attended the exhumation to ensure that it was effected with due care and decency and without risk to public health.

Domestic Surface Air Raid Shelters

Arising from the survey carried out in 1954, further consideration was given during 1964 to nine shelters which had been the subject of complaints. In these nine cases it was considered that the amenities of nearby dwelling houses were now so disturbed as to constitute a danger to health and therefore to warrant representation being made for the demolition of the shelters. The total number of shelters represented for demolition since the survey began was brought up to 876 at the 31st December, 1964, as follows:—

				<i>Total shelter structures surveyed</i>	<i>Shelters represented for demolition</i>
Central Wards	...	...	...	822	318
Middle Ring Wards	...	...	...	1,220	468
Outer Ring Wards	...	...	...	2,016	90
				<hr/> 4,058 <hr/>	<hr/> 876 <hr/>

Common Lodging Houses

It is the duty of every local authority to maintain a register of all established common lodging houses within their district. This record is required by the Public Health Act, 1936, and must contain entries which detail the full names and addresses of all persons registered as “keepers” and similar information regarding any persons who are to act as “deputy keepers”. Information must also be recorded as to the situation of every such lodging house and the maximum number of persons authorised to be accommodated therein.

Seven such premises were registered for the year, providing a total accommodation for 663 men only. This represents an addition of 31 beds over the previous year due to a slight increase in dormitory accommodation at two of the hostels so registered.

In the early part of the year, however, and as referred to in the previous year’s report, a further hostel managed by The Salvation Army was demolished as part of the redevelopment in connection with the Inner Ring Road Scheme. This resulted in a loss of 132 beds and the lodgers so disturbed were absorbed by the remaining hostels in the City.

Routine inspections are carried out both by day and by night to ensure that no infringements of the Public Health Act, 1936, or byelaws made thereunder occur. Public health inspectors made 129 visits during the course of the year, details of which are as follows:–

Day visits ...	...	...	...	...	...	...	...	...	47
Night visits	...	...	...	...	...	...	...	...	79
Special visits	...	...	...	...	...	...	...	...	3
Total...									<u>129</u>

The above inspections revealed only minor contraventions of the byelaws existing from time to time, details of which were immediately reported to the deputy keeper at the time of the inspector’s visit. Letters of confirmation were sent by the Department in all such cases to the respective registered keepers and in no instance was it necessary to resort to statutory action.

Tents, Vans and Sheds

Once again, no material change has occurred in the number of caravan sites within the City during the year.

The Caravan Sites and Control of Development Act, 1960 which came into force on the 29th August, 1960, is delegated to the Public Works Committee for enforcement.

This new legislation, whilst controlling the use of land which is to be regulated by both planning permission and by the licensing of sites for

caravans, does not, however, control the owner-occupier of the caravan itself. It is important, therefore, that local Act powers be retained to deal with the problems occasionally arising from the unauthorised siting of a caravan by the individual caravan dweller. In this connection the provisions of Section 43 of the Birmingham Corporation Act, 1935, continue to be rigidly enforced when necessary.

During the year only 16 visits were required by public health inspectors to sites occupied by caravans and no serious threat to public health has occurred by virtue of their occupation.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

The local authority has a duty to secure the provision of satisfactory sanitary conveniences in agricultural units and 65 such premises in the City are known to the Department. They include smallholdings, small farms, market gardens and nurseries where produce is grown for sale. Routine visits continue and 17 inspections were made during the year. No statutory action was called for.

Offensive Trades

The year 1964 saw the end of one of the principal offensive trades premises in the City and the enormous amount of work done there has been transferred to another firm some distance from Birmingham.

There can be no doubt that, in spite of numerous complaints of "vile smells" and "swarms of flies", particularly in hot weather, submitted both by neighbours and passers-by, the establishment in question rendered a highly commendable service to the community by dealing with colossal quantities of organic matter, animal bones and hooves, offals and even entire carcasses.

It is noteworthy that the firm established its business in this City in 1860 and the fact that it passed the century mark may be some indication both of its need and success. True, the occupiers of premises in the vicinity may have felt some degree of pleasure and relief at the passing of the old firm but very seldom was it fully appreciated in the past that the work carried on involved numerous and at times insuperable difficulties. Sometimes a load of several tons of organic matter would be delivered to the premises in a putrid, fly-infested and maggot-ridden state. Such loads occasionally arrived too late in the day to be dealt with before the following morning and naturally aroused strong, adverse criticism. In actual fact, very few complaints were received during the past year – 30 visits were made and in no case was there need to resort to statutory powers to deal with any nuisance.

There now remains in the City only one other establishment of a comparable type and dealing with considerable quantities of organic matter and it is not unreasonable to hope that, irrespective of weather in the future, complaints of nuisances arising from offensive trades will be greatly reduced.

Pig Keeping

For several years now comment has been made on the ever declining keeping of pigs. In the past, particularly during the last World War, domestic pig keeping was on a considerable scale and was the cause of numerous complaints of nuisances arising from offensive odours, accumulations of manure, infestation by flies and rodents. Nowadays, with very few domestic keepers in the City, complaints have inevitably been reduced.

The City byelaws must be one reason for the decline in particular the distance requirement (pig keeping within 60 feet of an occupied dwelling is prohibited) and it must be remembered that during the war years these byelaws were relaxed to encourage pig keeping and thus increase food production. No doubt the high value of land and development which has taken place during the past few years also have some bearing on the matter. Considerable areas of land on the outskirts of the City, including some small farms, have been utilised for housing development, thus reducing the number of sites on which pigs were or could be kept.

However, in spite of reduced numbers of pig-keepers, routine and periodical visits continue to be made. Very few were made because of complaints, and although visits during 1964 totalled 253, seven notices only were served regarding contraventions of the Nuisance Byelaws.

Tips and Tipping

Very few complaints were received in the Department concerning established tips and a total of 228 routine visits during the year confirmed that they were being operated satisfactorily in accordance with the byelaws. Some complaints arose over one tip where untreated domestic refuse had to be deposited because of the breakdown of a disposal plant but this emergency was soon over and matters righted. The total number of sites in use in 1964 was 14.

The depositing of rubbish and discarded domestic articles on vacant sites continued and many complaints were received in this and the Public Works Department. Action was taken to deal with conditions likely to be prejudicial to health and the co-operation was sought of owners and occupiers of land and properties so affected to secure the removal of rubbish. The majority of such sites were also referred to the City Engineer, Surveyor and Planning Officer for consideration of action under the Town and Country Planning Act, 1962, as conditions might be considered detrimental to the amenities of the neighbourhood.

Pleasure Fairs

A change in the popularity of various forms of entertainment is indisputably responsible for the slow but progressive disappearance of the old time pleasure fair, once a great attraction with tremendous general support.

The City Byelaws relating to pleasure fairs include circuses and various other exhibitions and performances by human beings and animals. Whilst many of the larger circuses continue to hold their own, the smaller ones are giving up the unequal struggle of providing sensational acts entailing high costs and securing the necessary support to meet financial commitments.

During the past year 90 visits have been made by inspectors of the Department to pleasure fairs held in the City, to satisfy themselves that the byelaws were being observed. No statutory action by the service of a notice was necessary and the few contraventions which occurred were of a very minor nature and were promptly rectified by the management at verbal request.

Canal Boats

During the year 1964 the number of boats inspected within the City area was 326, as follows:—

<i>First Quarter</i>	<i>Second Quarter</i>	<i>Third Quarter</i>	<i>Fourth Quarter</i>
158	89	59	20

There has been a marked reduction in the number of boats being used by British Waterways and hence in the number of boats visiting the City.

The 326 boats inspected were registered for the accommodation of 1,040 persons and when inspected were found to be carrying 228 men, 219 women and 246 children, a total of 693 persons.

All the boats were in good condition and conforming with the Public Health Act, 1936 and Regulations. No complaint notes were issued during the year and four were brought forward from 1963, leaving an outstanding balance of four. It has not been necessary to take any legal proceedings under the Public Health Act, 1936, and the Canal Boat (Amendment) Regulations, 1925.

No cases of infectious disease were reported during the year.

The number of boats now registered in Birmingham is 98, 58 being motor boats and 40 ordinary boats.

Prevention of Damage by Pests Act, 1949

Under the Prevention of Damage by Pests Act, 1949, an obligation is placed on occupiers of land (including premises) to notify the local authority of rats or mice. The local authority is charged with the responsibility of enforcing Part I of the Act.

The number of notifications received in the Section during 1964 showed an increase of approximately 10 per cent. compared with the previous year, being 9,324 in 1964 against 8,500 in 1963. The peak month for notifications was June during which month 997 notifications were received. In previous years this has arisen in April, May and June, which possibly gives credence to the theory that spring is the peak breeding season for rats.

Comparative figures for notifications received in recent years are as follows:—

1950	1959	1960	1961	1962	1963	1964
4,843	7,971	8,336	9,684	8,667	8,500	9,324

Detailed inspections are carried out, not only of the complainant's premises but, in most cases, of adjoining premises and every effort is made to find the prime cause of infestation, particularly where the infestation is inside the premises, so that rat proofing measures can be instituted and the infestation permanently cured.

Comparative figures for inspections carried out during the past few years are as follows:—

				<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
1961						
	Original visits	...	...	11,849	2,595	} 19,277
	Re-visits	...	...	2,982	1,851	
1962						
	Original visits	...	...	10,079	1,929	} 16,984
	Re-visits	...	...	3,149	1,827	
1963						
	Original visits	...	...	9,974	2,489	} 16,803
	Re-visits	...	...	2,805	1,535	
1964						
	Original visits	...	...	11,144	2,635	} 17,596
	Re-visits	...	...	2,687	1,130	

Conditions nowadays are vastly different from those encountered many years ago, when it was commonplace to deal with major (large) infestations week after week in all parts of the City. These major infestations are now the exception.

The increase in the number of houses let in multiple occupation in which many families are housed, and the low standard of management by some landlords which in so many cases permits refuse to lie about in the vicinity of the dustbins, has had a marked effect on rat infestations. Care in ensuring that refuse is placed in bins and not scattered on the ground would do much to keep down rats. The occupier who finds that the bin capacity is regularly insufficient should inform the Salvage Department.

The following table shows the diversity of premises which have been given attention during the year:—

				<i>Treatments for</i>			
				<i>Inspections</i>	<i>Re-inspections</i>	<i>Rats</i>	<i>Mice</i>
Domestic and bombed sites	...	...	...	11,144	2,635	5,760	1,295
Corporation Properties :							
Schools	...	...	...	177	108	103	99
Civic restaurants and bake-houses	...	...	...	9	7	2	6
Corporation tips	...	...	...	5	36	6	—
Allotments, parks, etc.	...	...	...	37	25	37	2
Welfare centres and nurseries	...	...	...	40	35	38	19
Destructors	...	...	...	8	198	2	3
Offices, stores, depots, etc.	...	...	...	68	36	55	34
Industrial :							
Private schools	...	...	...	13	16	13	2
Private tips	...	...	...	—	—	—	—
Hospitals, nursing homes, etc.	...	...	...	39	72	27	34
Cafés, restaurants and hotels	...	...	...	72	32	56	33
Other food premises	...	...	...	531	199	300	163
Cinemas and theatres	...	...	...	7	—	6	—
Canal and railway banks	...	...	...	8	31	—	—
Non-food shops	...	...	...	194	70	97	30
Non-food factories, offices, etc.	...	...	...	703	219	572	189
Farms, piggeries, etc.	...	...	...	3	31	8	—
Other visits	...	...	...	639	12	1	—
Night visits	...	...	...	134	3	—	—
Smoke tests	...	...	...	174	—	—	—

These visits resulted in formal action in the following cases:—

Notices served for proofing	...	...	...	...	...	6
Notices served for treatment	...	...	...	...	...	Nil
Notices complied with...	...	...	...	...	...	6
Reminder letters sent	...	...	...	...	...	Nil

RAT PROOFING OF PREMISES

It is one thing to destroy rats and mice but a much more difficult task is that of preventing re-infestation. This important aspect of the work calls for a high degree of skill and knowledge not only of the habits of these pests but also of building construction. The amount of proofing that can be undertaken is restricted by the availability of trained and experienced staff for this work. The few public health inspectors so engaged investigate and make recommendations and supervise the works necessary to proof premises. Their help and advice is frequently sought by builders and property owners. Although powers are given in the Act to require the execution of works it is seldom necessary to take formal action. During the year formal action was taken under Section 4 in six cases but rat-proofing measures were carried out at a further 334 properties in the City.

Rats are no respecters of property and infestations have been found in almost every type of premises during the year including new blocks of offices and multi-storey flats. In practically every instance concerning new property the root cause of the rat infestation has been found to be someone's carelessness or apathy, whilst building works were in progress. The need to supervise drainage work whilst in progress cannot be over emphasised.

TREATMENTS

All purely domestic premises which are infested are treated free of cost to the occupiers; this is the policy agreed by the City Council. Industrial premises, however, are charged with the cost of the treatments. Many industrial firms have availed themselves of the service by which the premises are inspected at regular intervals throughout the year, followed by treatments if found to be necessary. This procedure has worked exceedingly well and has resulted in the complete clearance of many premises. At the same time arrangements are made with the firms concerned that any rat-proofing measures which officers require at the premises are carried out immediately by the maintenance staff of the firms.

This combination of regular inspection, treatment and immediate attention to proofing, general hygiene and cleanliness (such as the provision of adequate or additional refuse collection) is highly successful in keeping the state of infestation at an extremely low level in many large industrial premises. On a few occasions during the year it has been necessary to ask tenants of property to carry out treatments themselves, but only in the case of infestation by mice. This circumstance arises chiefly due to staff holidays and sickness. In all cases the individual tenant is asked to contact the Section again should he not succeed in eradicating the infestation.

SALVAGE DEPARTMENT DESTRUCTORS

The Department has five depots for the disposal of refuse in the City. In the main they are the centres of heavy rat infestations; the enormous amounts of refuse of all types taken in give every facility, both in the way of harbourage and food, for the sustenance of rat populations.

The new works at Lifford have remained free of rat infestation inside the works, although treatments have been carried out on the open land adjoining the premises.

Brookvale Depot was the subject of a full poison treatment during the week-end 7th-8th November. The whole of the works, including the bank, tip face and grounds were treated. In addition, individual emergency treatments have been carried out, in particular in the tat shed and baling room during the year. The engineering staff of the Salvage Department carried out proofing measures on request in these rooms.

Montague Street Depot. The rat population in this works is "in pockets" (chiefly in the tipping shed) in the hoppers. There are, of course, odd rats to be seen in other parts of the works but nowadays the charging decks, which used to be very heavily rat infested, show very little evidence of rats. This is due to considerable alterations to the decks which have been carried out during the years and which has prevented the "semi-permanent storage of refuse on the decks". A treatment was carried out in the new garage but this was a mouse infestation in the stores.

Tyseley Depot – The rat infestation in these works was exceedingly heavy, probably in the region of 5,000 by the autumn. The works had been needing treatment, and continuous inspections by night and day had been carried out during the year to ascertain the location of the rats. It was anticipated that the works would virtually close down for approximately three weeks and the usual intake of refuse be diverted in order that extensive road works could be carried out. This closure would have given an excellent opportunity for rodent control work. Due to various extraneous factors the closing down was the subject of postponements and did not actually occur. During this period a new highly selective poison had been placed on the market and advantage was taken of the manufacturer's offer to provide sufficient of this new poison to carry out a full treatment over the whole of the works and grounds. This was done during a week-end in November the poison being provided free of cost and this Section providing the labour. The treatment was very successful, generally over the whole of the works, and apart from two pockets of infestation (on the charging decks) there was a very marked drop in the visible rat population during night inspections. The two pockets of infestation were then subjected to a further "mopping up" treatment using zinc phosphide.

The net result is that where, before the treatments literally dozens (in some instances hundreds) of rats were seen in many parts of the works, night inspections revealed only odd rats running around, except for the two charging decks already mentioned.

Rotton Park Street Depot – No treatments have been carried out in these works although inspections have been made at night. The rat population in the works has been comparatively very low during the year.

In general, it is only possible to even attempt an assessment of the rat population in any of these works at night and it is, therefore, necessary that continual night inspections should be carried out. These are reinforced by week-end inspections when, in the main, all the works are closed down.

The Rodent Control Section works in very close harmony with the entire staff of the Salvage Department and any suggestion regarding proofing measures is very quickly carried out by the engineering staffs. The result of this continuous work over the years in all the depots has resulted in a fantastic drop in the rat population at all the works.

SEWER TREATMENTS

The routine treatments of the sewer system of the City have been maintained. The only difficulty with this work is the impossibility of treating what has been termed the "intermanhole rat population". This intermanhole population results in what appears to be a complete contradiction, viz. that the manholes show "no takes" of bait thus indicating no rats at the manholes, yet but a few yards away a rat infestation is arising at premises because of a defective drain. This circumstance indicates that there is an adequate food supply to sustain the rats which, therefore, have no necessity to use the manholes unless the intermanhole population rises to such a degree that the available food supply at this point is insufficient. Then migration will occur and infestation will arise at other points on the sewer. The benching in the manholes affords a spot where food can be "fished" out of the sewer on to the benching by rats.

Amazing varieties of food are to be encountered in sewers. Around the market areas meat and vegetables are commonplace, and there does seem to have been an increase of food in the sewers of recent years. This is a consequence of the Clean Air campaign. In smoke control areas the burning of anything other than a smokeless fuel is prohibited and consequently some of the residents use the toilet for disposal of the household vegetable refuse.

The following short table will show the tremendous changes which have taken place in the "takes" of poison at the manholes since the sewer baiting scheme (the largest single scheme in the country) was instituted in 1944.

SEWER TREATMENTS

	<i>Quantity of Bait Taken</i>					<i>No "takes"</i>
	<i>Complete</i>	<i>Good</i>	<i>Small</i>	<i>Totals</i>		
Initial treatment 1944 ...	246	2,227	2,368	4,841		4,734
33rd Maintenance treatment, 1964.	—	110	359	469		7,182

STAFF

Every endeavour is made to provide an efficient and economical service to the public. The staff of the Section has suffered its share of difficulties due to absence arising from illness and resignations. At times delays in carrying out treatments were unavoidable.

At 31st December, 1964, the staff totalled 31, as follows:-

Senior officers ...	...	...	3
Clerks ...	...	...	4
Inspectors ...	...	...	7
Foremen (surface and Sewer)...			2
Storemen ...	...	...	1
Operatives – surface	...	...	12
sewer	...	...	2
			—
			31
			==

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1964, five premises were licensed under the above Act, all for the storage of rag flock. The number of registered premises remained at 54 during 1964.

Seventeen samples were taken in 1964, and of these four were found to be unsatisfactory.

Rag flock ...	3	Jute ...	...	3	Coir fibre ...	...	1
Washed flock ...	—	Synthetic fibres ...	—		Algerian fibres ...	...	3
Cotton felt... ..	3	Hair... ..	1		Fibre (not classified)	—	
Cotton millpuff ...	—	Feathers or down ...	—		Sisal pads ...	...	—
Woollen felt ...	3	Kapok ...	—		Woollen flock ...	...	—

One informal sample of jute border felt was unsatisfactory. The chlorine content was 41 parts per 100,000, which exceeded the regulation maximum of 30 parts per 100,000. Subsequently a formal sample was taken which again proved unsatisfactory, the chlorine content being 32 parts per 100,000. The firm were, therefore, advised to have their supplier replace all unsatisfactory materials with materials which conform with the regulations. An undertaking to replace the material was later received.

Informal samples of woollen mixture felt and unused cotton felt also proved unsatisfactory. The woollen mixture felt had an animal fibre content of 54 per cent. compared with the minimum of 60 per cent. laid down in the regulations, while the unused cotton felt had a trash content of 8.9 per cent. compared with the permitted maximum of 7.5 per cent.

The firm were asked to draw their suppliers' attention to these facts and to notify the Department when new stocks were to hand so that further samples could be analysed.

One informal sample of unused cotton felt which was satisfactory did, however, contain an amount of thread waste which should not strictly have been included. The firm were notified of this fact.

SUPERVISION OF OFFICES SHOPS AND RAILWAY PREMISES

Shops Act, 1950

At the commencement of the year four whole-time Shops Act Inspectors were available to carry out the general routine inspections and the various other duties relating to retail distributive trade.

The duties include:—

General Inspections – Periodical inspection and the recording of all the necessary particulars of all retail shops, certain wholesale establishments and warehouses.

Conditions of Employment, Assistants – The regular examination of the prescribed records relating to statutory weekly half-holidays, hours of employment on Sundays and compensatory time off in lieu of Sunday employment. The checking of regulated hours of employment of young persons employed in retail shops, cinemas and other places of entertainment and in the catering trade. Visits to ensure that the correct intervals for meals are allowed to all shop assistants.

Staff Accommodation – Inspections to ascertain that a suitable standard is provided and maintained regarding sanitary accommodation and washing facilities made available for use by the staff; that a reasonable standard of heating, lighting and ventilation is maintained at all times where staff are employed; to ensure that seating is made available for female staff and that there are suitable facilities for the taking of meals on the premises. These conditions and standards were extended by the coming into operation on 1st August of the Offices, Shops and Railway Premises Act, 1963.

Early Closing Day and Night Closing Regulations – Regular routine patrols are made to ascertain that the regulations regarding compulsory half-day closing and general night closing hours are complied with by shopkeepers.

Sunday Trading – Regular routine patrols are made enforcing the limitations of Sunday trading exemptions; the special provisions for Jewish traders and the City of Birmingham (Rednal) Sunday Trading Order, 1939.

The work of the Shops Act Inspectors for the year is summarised as follows:—

GENERAL INSPECTIONS

Visits—Shops Act 1950 (including Sunday and night visits)	...	26,008
---	-----	--------

STREETS PATROLLED SHOPS ACT, 1950

Half-day closing	...	...	...	...	...	...	...	6,395
Night closing	...	...	...	...	...	...	...	106
Sunday trading	...	...	...	...	...	...	...	1,384
								<hr/> 7,885 <hr/>

OFFENCES REPORTED FOR ACTION

Half-day closing :								
Sales after closing time	...	...	...	...	...	...	...	30
Night closing :								
Sales after closing time	...	...	...	...	...	...	...	2
Sunday trading :								
Illegal sales	...	...	...	...	...	...	...	56
Summonses issued	...	...	...	...	...	...	...	17
Warning letters issued in respect of the above mentioned offences								71

Three summonses were issued in respect of contraventions of the early closing provisions of the Shops Act, 1950.

Fourteen summonses were issued in respect of contraventions of the Sunday trading restrictions of the Shops Act, 1950.

All these charges were brought following the service of official warning letters for previous similar offences and in each case a fine was imposed by the Magistrates.

Offices, Shops and Railway Premises Act, 1963

The main object of the above Act, which is the outcome of recommendations of the Gowers Committee in their final report published in 1949, is to set definite standards for securing the health, welfare and safety of employees in offices, shops and railway premises.

Control will be exercised under the Act in such diverse fields as cleanliness, overcrowding, lighting, sitting and eating facilities, temperature, sanitary conveniences and washing facilities, the fencing of dangerous machinery and first-aid requirements. Particular consideration is also given to fire precautions.

The registration provisions of the Act came into force on the 1st May and the majority of the main provisions on the 1st August. During the three months following the 1st May, employers of labour in any premises which fell within the scope of the Act were required to register with the

appropriate enforcing authority i.e. normally the local authority, but in respect of premises occupied by the Crown, local authorities, railway undertakings and factories, registration is with Factory Inspectorate.

It is impossible to ascertain with any degree of accuracy how many premises should be registered with this local authority, although it is anticipated that something like 20,000 premises will be affected.

The requirements of this new legislation will undoubtedly place heavy and additional responsibilities on the shoulders of a seriously depleted technical staff. Authority has, therefore, been obtained for the appointment of 10 technical assistants to work under the supervision of public health inspectors on general inspection of registered premises, other than shops, and one to work with the Shops Act Inspectors in respect of shop premises. It is hoped that this additional staff will be recruited during 1965, thereby enabling the rate of general inspections to steadily gather momentum until all initial inspections of registered premises have been completed.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:—

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	4,153	74
Retail shops	6,875	104
Wholesale shops, warehouses ...	578	1
Catering establishments open to the public, canteens. ...	720	2
Fuel storage depots	17	—
TOTALS	12,343	181

Total visits, after 1st August 3,028.

It will be seen from the above details that very few registered premises had been the subject of general inspection by the end of the year. However, during the last five months public health inspectors undertook the inspection of approximately 80 establishments operated by the Health Committee and which, in the main, comprise the Welfare Centres and Day Nurseries throughout the City. These “trial inspections” were undertaken to provide inspectors with practical experience in meeting their new responsibilities and to familiarise themselves with the general requirements and various standards contained in the Act.

During the above period, and in order to obtain registration forms from all likely employers, inspectors were also engaged in delivering the prescribed Form OSR.1 to many shop and office premises in the course of their normal work.

Two female clerical assistants have been appointed and are now employed for most of their time on work in connection with the Act; one with regard to the registration of premises and the other on general correspondence in connection with enforcement procedure.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health Inspector. The station occupies a reasonably central position in Birmingham, being situated in Bacchus Road.

The public health inspectors deal with a steady flow of complaints from domestic premises regarding infestations of bugs, fleas, lice, cockroaches, blackbeetles, crickets, ants, etc., and supervise the necessary treatments, following investigation.

During 1964, houses receiving such treatment numbered 1,329 as compared with 1,085 in 1963, representing an increase of 244 treatments or approximately 22·5 per cent. over the year. This increase is undoubtedly due to an exceptional summer which included long and continuous spells of dry and hot weather. During the period from May to September inclusive, 1,000 houses were treated as compared with 812 during the same months in 1963.

Many similar treatments have also been carried out in business premises, including restaurants, licensed houses, clubs, public baths, factories and hospitals. The number of separate treatments effected in the year amounted to 158, showing a slight increase of 20 when compared with the figure of 138 for 1963.

No charges were rendered in respect of treatments for domestic premises but appropriate accounts were submitted in other cases, the charges being based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

Disinfection was carried out in 20 houses following the removal of patients to sanatoria or into new housing accommodation.

The Department also undertakes the collection and delivery of complete bedding units used by such patients and this service resulted in the delivery of 37 units and the collection of a further 50 units for disinfection prior to re-issue.

DISINFECTION

Where aged people are incapable of maintaining a reasonable standard of cleanliness in their homes, the Department undertakes the necessary cleansing, including the removal of refuse from their accommodation. This service is given free of charge and during the year 75 such houses were cleansed and 39 beds, together with bedding, were removed for destruction.

The steam disinfectors were once again in constant use throughout the year, principally in the disinfection of hospital bedding and blankets. As in previous years, this included similar work for the Fire and Ambulance Service, the Blood Transfusion Service and the Birmingham Workshops for the Blind.

One complete operation of a steam disinfecter is referred to as a "stove" and charges, where applicable, were rendered to the appropriate authorities at the rate of 15/-s. per "stove". The total amount of material treated in the year amounted to 1,608 complete stoves.

CLINIC TREATMENTS

Separate bathing facilities are provided centrally at the Cleansing Station for the cleansing of scabies patients and verminous persons. The Clinic remains open until 5.15 p.m. during the week, except Saturday, when it closes at 12 noon. No treatments are given on Sunday and details of those carried out during the year are as follows:-

<i>Bacchus Road Clinic (men)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>
Men	...	...	...	...	326	252	91
Boys	...	...	...	...	76	—	—
Second treatments			...	...	29	—	—
Third treatments...			...	...	3		
Total	...	...	...	...	434	252	91

Bacchus Road Clinic (women)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	..	...	279	25	26	36
Girls	...	...	253	—	—	97
Boys	...	...	164	—	—	—
Second treatments			18	—	—	—
Total	...	...	714	25	26	133

Children represented in the above statistics were treated at the same time as their parents. Not since 1949, when three clinics were in operation, have more than 1,000 new scabies cases been treated by the Public Health Department.

The number of cases treated by the School Health Service was 408 which is also the highest in recent years.

<i>Year</i>	<i>Treated by the Health Department</i>	<i>Treated by the School Health Service</i>	<i>Total</i>
1960	691	101	792
1961	719	203	922
1962	828	248	1,076
1963	984	307	1,291
1964	1,098	408	1,506

BATHING OF THE AGED AND INFIRM

The service providing bathing facilities for the aged and infirm was again extensively used during the year. Weekly programmes were maintained, whereby these aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. Under these arrangements 928 baths were provided for women and 521 for men, making a total of 1,449. These figures reveal the value of such a service to the aged.

SEWERAGE AND DRAINAGE

Mr. Neville Borg, City Engineer, Surveyor and Planning Officer, has kindly provided the following information of the sewerage works carried out during the year by the Public Works Department.

Redevelopment

Considerable sewerage work is in progress in the Lee Bank and Nechells Green Redevelopment Areas, but the Newtown Redevelopment Area has again been the principal target with four new units re-sewered in phase with the rebuilding programme. A start has also been made on the Middle Ring Road in the Ladywood Area, which involves extensive sewerage work for the new dual carriageways and frontage developments which will follow.

Surface water sewers for the third and final section of the Nechells Parkway have been completed.

Other Housing Areas

The year has seen the virtual completion of sewerage work for the following major Corporation housing estates:— Metchley Grange, Woodhouse Farm, Hurst Lane and Primrose Hill, whilst the Castle Vale Estate (Castle Bromwich Airfield) is actively proceeding.

The Bournville Village Trust is continuing its development at Manor Park Farm and the Calthorpe Estate Co. has a major scheme in hand at the Penryn Estate, Edgbaston.

In addition, there have been the usual small schemes of redevelopment and infilling by the smaller building companies. All these areas are being drained on the totally separate system which is now our standard practice for the whole of the City, with the exception of the Central Area enclosed by the Inner Ring Road.

General Works

Another length of the Hockley Main Sewer (up to 78" diameter) has been reconstructed and short lengths of the River Rea (Cannon Hill Park) and the Hockley Brook have been strengthened and improved. New foul and surface water sewers have been provided in conjunction with several major road improvement schemes now in progress, including Aldridge Road, Coventry Road and the Inner Ring Road at Masshouse Circus.

Additional to the constructional works already mentioned, some 5,630 Deposited Building Plans were checked for compliance with the Byelaws.

The Trade Effluent Control Section has made 3,570 visits to industrial premises and taken 4,180 samples for analysis. River pollution continues to be a matter of major concern, and to enable twenty-four hour sampling to be carried out, a portable pH recorder unit has been purchased, also a further number of automatic sampling machines.

The Department has also undertaken work for the Education and Children's Committees in preparing and supervising schemes for the reconstruction or improvement of four small sewage disposal plants at institutions under these Committees' control in adjacent country districts where main drainage is not available.

During the last year, 11·65 miles of foul and surface water sewers have been constructed by the Corporation within the City boundary, and in addition 4·98 miles have been laid by private developers.

Up to the end of 1964, the total length of public sewers in the City sewers in the City amounts to 1695·47 miles, of which 1093·32 miles are foul water sewers and 602·15 miles are surface water sewers and culverts, a nett increase of 14·55 miles after allowing for old sewers which have been demolished or abandoned.

REFUSE COLLECTION & DISPOSAL

The following information has been kindly supplied by Mr. A. E. Barton, General Manager of the Salvage Department.

The collection and disposal of domestic refuse, certain trade refuse, the emptying of cesspools and sanitary pans and the cleansing of the Corporation Markets and Abattoir is the concern of the Salvage Department and necessitates some 18 million calls at premises throughout the City during the year.

About 1,250 employees are engaged in the work and the total quantity of material of all types dealt with by the Department annually is approximately 350,000 tons representing an average of nearly 1,400 tons for every working day. Some idea of the bulk of this huge annual tonnage can be gained when it is realised that it would fill the well known Rotunda building in the City Centre no less than 23 times.

Provision of Dustbins

From April, 1950, when the scheme to provide dustbins to premises within the City as a charge on the General Rate Fund commenced, 569,912 have been issued including 174,169 of the special type bins for use with the dustless refuse collection system.

Refuse Collection

Since January, 1959, when the dustless collection system was inaugurated, the Departmental districts of Lifford on the south side of the City and Brookvale Road in the north and north-east have been completed in addition to other small areas being covered. The changeover from the old skep method to the new system in other districts now continues.

The bulk container system of collection from multi-storey flats is rapidly increasing. By this method large-capacity containers are situated at convenient points below the refuse chutes where they can be transported to the special type vehicles and emptied mechanically both quickly and cleanly. These containers are also installed at hotels, schools, hospitals, offices and industrial premises and the total number now in use is 2,393 serving some 15,168 premises.

Another system of container collection, specially installed for the new Bull Ring Development in the City Centre, has been extended to other premises. The refuse is accommodated in 12 cubic yard metal containers which are uplifted and transported by two separate motor units. When each loaded container is removed, an empty one is left in position, thus ensuring continuous storage facilities. The complete service is operated by the vehicle driver without assistance.

In recent times increasing calls have been made on the Department to remove bulky items arising in the home. These include articles of furniture, mattresses, carpets, television and radio sets, bicycles and mechanical kitchen equipment such as spin dryers, washing machines and refrigerators.

The Salvage Committee carefully considered all the aspects and decided the problem was one which called for sympathetic action to assist householders. They also had regard to the fact that if adequate facilities were provided for the proper disposal of these items there would be less likelihood of people depositing them on waste ground or littering the countryside. Accordingly the Salvage Department collects such articles without charge, on request to the refuse collectors or direct to the Department's Head Office.

Refuse Disposal

The inevitable increase in refuse output resulting from the rapid growth of the City over recent years necessitated the preparation of an overall programme for the reconstruction of refuse disposal facilities in the Department, the first phase of which was completed with the opening of the new Lifford Works in October, 1961. These works, the most modern of their kind in the country, have attracted many visitors from Great Britain and overseas.

The remaining four works, although operating to full capacity, are unable to cope with the refuse arising from the respective areas and a considerable tonnage continues to be disposed of by controlled tipping. The second phase of the programme, the building of an additional works at Chester Road, Castle Bromwich, is now well under way and is expected to be completed by the summer of 1966, following which the disposal of crude household refuse by controlled tipping will cease except in an emergency.

The layout of the Castle Bromwich Works will be similar to that at the new Lifford Works, in that it is divided into two independent lines from the first process at the reception hoppers to the point where the gases leave the incinerators, which ensures that during maintenance and repairs only one half of the works will be out of commission at a time. In view of the fact that extensive housing development is planned in the vicinity of the works and also that the M.6 Motorway will pass nearby, it has been decided to incorporate into the design an electrostatic precipitator for the control of smoke and grit emission from the chimney.

The new works will serve some 55,000 premises in an area of the City extending from Erdington in the north-east to Garretts Green in the east and the dustless refuse collection system will be in operation in the whole of this area by the time the works opens.

Vehicles and Plant

The Department maintains its own fleet of 312 mechanical vehicles of many types and additionally employs a staff of skilled craftsmen to cover the repair and maintenance of all the refuse handling and incineration plant.

Salvage and By-Products

Materials such as ferrous and non-ferrous metals, textiles, paper, fibreboard, etc. continue to be recovered at all the works of the Department and there was little change in the market for these items, the sale of which results in a considerable annual income.

In addition to the mechanical presses for baling tins and similar scrap the Department now has two heavy-duty presses for shearing and baling large items of ferrous scrap.

The production of fertilisers, animal feeding stuff and fat from condemned and surrendered meat and offal, is carried out in the special plant at Montague Street Works, and although the supply of raw materials received was lower than in previous years, a further substantial income was obtained as a result.

Personnel

Considerable attention is paid to the welfare of employees particularly in the provision of shower baths, clothes drying rooms, adequate protective clothing and attractive dining rooms.

A Departmental Joint Consultative Committee, consisting of representatives of the management and all sections of employees, meets regularly each month to discuss matters of mutual interest and benefit to the Department and the employees.

The labour situation proved a little more difficult in 1964 than in recent years, particularly with regard to drivers and certain craftsmen, where in spite of every effort being made to obtain replacements during the year vacancies still exist. The problem with labour turnover continues and, of the employees commencing with the Department during the period, 66 per cent. left within the first six months of their service.

Cesspools and Sanitary Pans

During the year under review, 124 cesspools serving 171 premises, and 82 sanitary pans received regular attention by the Salvage Department.

Expenditure and Income

The gross expenditure incurred by the Salvage Department in 1964 was £1,950,684 with the income from all sources amounting to £306,894.

THE CITY'S WATER SUPPLY

The Engineer and Manager of the Water Department, Mr. R. C. Whitehead, has kindly supplied the following information.

Headworks

The long-term project for increasing the output capacity of the filtration plant at the Elan Valley, commenced in 1951, was completed during the year. Fifteen of the original 30 slow sand filter beds have been converted each into two modern rapid gravity filters capable of being cleaned by back-washing and the resulting thirty filters now in commission are sufficient to deal with the maximum rate of flow of the aqueduct to Birmingham.

Chemical feeding plant was installed and commissioned on 4th June, 1964 for the purpose of adding a predetermined dose of sodium silicofluoride to the water as it passes into the aqueduct. Initially the compound was introduced at one-quarter of the designed rate whilst tests were being carried out on the plant's efficiency. Further tests were made at increasingly higher rates of feed and when the results proved satisfactory the dose was finally raised on 4th December so as to give a fluoride ion concentration of one part per million in the treated water.

Severn Supply Scheme

On 28th August, 1964 work was inaugurated on a scheme to abstract water from the River Severn near Trimley which is about two miles upstream from Bewdley. The scheme is designed to provide ultimately an addition of about 30 million gallons a day to Birmingham's water resources and is associated with the completion of a reservoir of 11,000 million gallons capacity which is being constructed on the River Clywedog near Llanidloes for a joint Authority of which Birmingham is a member. The purpose of this reservoir is to regulate the flow of water in the River Severn in such a manner as will permit future abstractions by the participating water supply undertakings without detriment to other users of its waters. The works at Trimley now in hand are expected to be sufficiently advanced by 1967 as to be capable of providing some additional water for Birmingham before the regulating reservoir is in commission. They include intake installations with bar and revolving-band screens; a lowlift pumping station; a storage reservoir of earth bank basin type, concrete-lined and with a capacity of 210 million gallons; treatment works for coagulation, softening and sedimentation and finally a high-lift pumping station to deliver the water by aqueduct to Frankley where it will be filtered before being blended with that of the Elan Supply.

Aqueduct

A concrete-lined steel main of 42 in. diameter and a mile in length is to be laid from Trimpley Works to one of the existing 42 in. diameter mains of the Elan aqueduct which will carry the Severn water as far as Hagley. Work has commenced on the construction of a new aqueduct from Hagley to Frankley which will be six-and-a-quarter miles long and will include two lengths of tunnel totalling one-and-a-half miles.

Frankley

The remaining five rapid gravity filter units for Elan water were commissioned during the year and, with the exception of the installation of some of the automatic control equipment, all the New Rapid Filters are complete and in operation.

Work on the extension and improvements to the settling tanks where waste washwater is treated before being discharged into Merritts Brook, proceeded. The tanks will ultimately treat washwater from the Severn Filters in addition to that from the Elan Filters.

Construction of the first instalment of Filters and the associated Filter Control House at Frankley Works to accept and treat River Severn water was commenced during the early part of the year.

Whitacre Waterworks

The work of diverting the River Cole through a new cutting such that its confluence with the River Blythe shall be approximately one half mile further downstream of the intake to Whitacre Reservoir was complete in December, 1963 by the Trent River Board. The risk of the highly contaminated River Cole water being taken into Whitacre Reservoir has thus been virtually eliminated and subsequent operational experience during the past twelve months has confirmed this.

Raw water pumped from Whitacre Reservoir to Shustoke Reservoir was again dosed with copper sulphate with a view to controlling algal growths in Shustoke Reservoir. The equivalent overall intensity of the dose on the **total** quantity of water treated at Whitacre Works was approximately 0.3 parts per million. The results of this treatment would appear to be encouraging since no major outbreaks of algal growth occurred in the reservoir during 1964 despite the relatively fine summer.

The raw water from Shustoke Reservoir was again dosed with aluminium sulphate, after microstraining, for a period of 20 weeks between March and August at an average rate of 15 parts per million.

In order to comply with the effluent standards laid down by the River Board a new scheme for the treatment of the waste washwater in settling tanks before discharge into the River Blythe was commissioned in September. Provision has been made in this scheme for the settled water to be returned to Whitacre Reservoir during the periods when aluminium sulphate is not being used in the treatment works.

Area of Supply

Mainlaying for new housing sites, development in the City Centre and the replacement of old corroded service mains with new concrete lined mains continued. Multi-storey blocks of flats constructed by the Corporation were provided with supplies, where the existing mains pressure was insufficient to reach the top of the building, by the installation of booster pumps within or adjacent to the building.

Further sections of 24 in. diameter concrete lined steel main were laid at Holloway Circus, Whittall Street and Newton Street as part of a trunk main to supplement the supply in the Middle Level zone of supply.

The 18 in. diameter concrete lined cast iron main in Newhall Street, commenced in 1963, was completed and a 12 in. diameter concrete lined cast iron main was laid as a continuation from Colmore Row to Corporation Street. The completion of these mains increased the pressure in the City Centre and gave an improved supply to taller buildings.

An 18 in. diameter concrete lined cast iron main was laid from Metchley Lane to provide additional supplies of water to the Queen Elizabeth Hospital Centre in conjunction with their expansion programme.

The supply to the Bunbury Road area of Northfield was improved by laying a 9 in. concrete lined cast iron main from Bristol Road South along St. Laurence Road, Heath Road South and Innage Road to Bunbury Road.

During October two 43 in. diameter cast iron mains in Bristol Road South, near Bournville Lane, failed within a period of 24 hours. Due to their depth, nine days of continuous work was necessary before the repairs were completed. Water from Short Heath Well was used during this period.

General

All water distributed within the area of supply was chlorinated at rates between 0.35 and 0.5 parts per million in order to produce a residual concentration of about 0.1 p.p.m. in the water leaving the treatment works. Chlorination at higher rates was necessary for the Whitacre water, excess chlorine being removed by treatment with sulphur dioxide.

Throughout January visitations by seagulls to Bartley Reservoir were very persistent and various forms of explosives were used to disperse the birds and prevent their roosting with consequent contamination of the water. Chlorination at the draw-off points was not at this time found necessary and when the weather became milder the seagulls left the reservoir, none being observed after 8th February. Towards the end of the year large concentrations of gulls again occurred and at times efforts to prevent roosting were not altogether successful. For this reason it was deemed prudent to chlorinate the water drawn from the reservoir before passing it to the sand filters.

The water distributed in the city area was almost entirely the soft moorland water of the Elan Supply. It was however necessary to draw on the local Short Heath Well to maintain supplies on the north-east side of the City for a period of three days in January whilst repairs were being carried out to a 42 in. diameter main in Vauxhall Road and again from 26th October to 4th November while the two 43 in. mains in Bristol Road South were out of commission.

ROUTINE SAMPLING OF CORPORATION WATER

The year 1964 will be remembered for its dryness, in fact, it was one of the four driest years since 1905. The rainfall in the Elan Valley, particularly, was below average.

Bacteriological Examination

ELAN VALLEY SUPPLY

The water, draining from the Welsh mountains and impounded in the Elan Valley, continues to be of excellent quality. The practice of treating the mountain water by rapid filtration and chlorination before entering the Aqueduct continues and samples from Steventon half way along it were of the highest standard.

Water is discharged from the aqueduct into the Bartley and Frankley Storage Reservoirs. The high degree of purity already referred to may be affected by contamination due principally to fouling by birds especially during the winter months, and as this type of pollution cannot be prevented the precaution of chlorinating at Bartley Reservoir outlet is taken. The water from the reservoirs is filtered by slow sand filters and rapid gravity filters, arranged in parallel. In general the slow sand filters produce water of high bacteriological quality whilst rapid filtration does not remove bacterial contamination to the same extent. Before the water passes into distribution, however, sterilization is completed by the addition of a further small dose of chlorine, controlled automatically.

Excellent results were obtained from all samples taken from the covered service reservoirs and taps throughout the City.

WHITACRE SUPPLY

The Rivers Bourne and Blythe are sampled weekly and are almost always heavily polluted. Water from the River Bourne flows through the Upper Shustoke Reservoir into the larger Lower Shustoke Reservoir. Water from the River Blythe is contained in Whitacre Reservoir and after a short period of retention is pumped to the Lower Shustoke Reservoir for storage and mixing with Bourne water. The quality of the water is markedly improved after storage and improvement continues during the subsequent processes of microstraining and rapid sand filtration. One to one and a half parts per million of chlorine is added to the water before it is

passed through the rapid gravity filters and after filtration it is chlorinated further by the addition of up to five parts per million, the precise dosage being predetermined and automatically controlled. Excess chlorine is then removed by sulphonation so as to leave a residual concentration of about 0.25 parts per million in the water leaving the works.

After such treatment the water was generally of excellent quality although occasionally samples taken from the distribution main, Monwode Lea and Packington in the early months of the year were not entirely satisfactory. Treatment before filtration with alum on the 4th March resulted in an immediate and dramatic improvement and was continued during April/May whilst work was being carried out on the contact tank.

WELLS

A sample taken from the Longbridge Well on the 9th June showed evidence of pollution, probably due to seepage caused by heavy rainfall during the week end of the 6th/7th June, 1964. Otherwise results from both Short Heath and Longbridge Wells showed the highest degree of purity even those from untreated water being virtually sterile on several occasions.

Chemical Examination

The number of samples taken throughout the year, their main composition and range of their variations are set out on page 271.

On the whole the Welsh water varies little in chemical composition from year to year. It was noted, however, that the pH values were down, although this apparently had no marked effect on the erosion figures. During the latter months of the year, the figures for turbidity were slightly in excess of those for the previous months due no doubt to seasonal variations. Detergent was still detected in the Whitacre water and there was also at the end of the year a slight rise in the ammonia content.

Fluoride

Fluoridation of the Welsh water commenced on the 4th June, 1964 with .25 parts per million which was gradually raised until it reached the recommended maximum of 1.0 part per million on the 4th December, 1964.

Radioactivity

This aspect is under constant review – samples of water for estimation of radioactivity being taken every two weeks. These results have given no cause for alarm, all being well within the limit advised by the Medical Research Council.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS

PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)

No. of samples taken	Description	Ph.	Total Solid Matter	Ammoniacal Nitrogen (as NH ₃)	Albuminoid Nitrogen (as NH ₃)	Nitrogen in Nitrates (as N)	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Fluoride	Detergents	Hardness Permanent	Temp-orary	Nitrogen Nitrates (as N)	Erosion (over night in lead pipe coat)	Erosion (over night with leadstrip)
12	WELSH WATER: Aqueeduct outlet	9.1 (8.5-9.4)	44 (41-48)	0.000	0.034 (0.012-0.048)	0	1.3 (0.012-1.8)	9 (8-9)	18 (16-20)	8 (6-9)	.8(5)* (.7-9)						
12	After storage in Bartley or Frankley Reservoirs	7.5 (6.8-8.4)	44 (40-48)	0.000	0.033 (0.016-0.056)	0	1.2 (0.8-1.6)	9 (8-10)	18 (16-20)	8 (7-9)	*.8(5) (.7-9)						
12	After filtration and chlorination	7.1 (6.6-7.4)	43 (40-48)	0.000	0.029 (0.012-0.044)	0	1.1 (0.7-1.4)	9 (8-10)	18 (16-20)	8 (6-9)	.8(5)* (.7-9)					0.6 (0.3-0.7)	89 (75-100)

4	WELLS: Longbridge	6.4 (6.3-6.5)	274 (249-294)	0.000	0.008 (0.000-0.012)	3.6 (3.3-3.8)	0.2 (0.1-0.3)	19 (18-21)	162 (150-180)	76 (70-88)			103 (84-120)	59 (40-76)	0		
5	Short Heath (Witton)	7.1 (6.9-7.1)	516 (500-531)	0.000	0.006 (0.000-0.016)	14.9 (10.7-20.6)	0.1 (0.1-0.1)	33 (32-35)	294 (270-320)	115 (92-144)			188 (176-208)	106 (72-144)	0		
12	WHITACRE: River Blythe	7.5 (7.2-8.0)	506- (460-581)	0.998 (0.000-2.560)	0.392 (0.216-0.624)	5.2 (3.6-9.2)	3.5 (2.6-4.0)	36 (30-45)	279 (260-300)	150 (140-162)	0.26 (0.20-0.35)	0.47 (0.20-0.91)			0.110 (0.040-0.300)		
12	River Bourne	7.6 (7.5-7.8)	576 (536-613)	0.167 (0.000-0.320)	0.138 (0.000-0.264)	6.4 (3.6-8.1)	1.4 (1.0-2.1)	53 (39-70)	342 (330-350)		0.13 (0-0.25)	0.12 (0.05-0.15)					
12	After storage in Shustoke Reservoir	8.3 (7.8-8.9)	522 (478-595)	0.141 (0.000-0.456)	0.269 (0.008-0.456)	3.5 (0-4.8)	1.9 (1.6-2.5)	50 (43-56)	304 (280-320)			0.18 (0-0.37)					
12	After filtration and chlorination	7.4 (7.1-8.0)	527 (492-576)	0.003 (0.000-0.024)	0.153 (0.024-0.288)	3.8 (0.8-5.1)	1.2 (0.9-1.7)	56 (50-62)	303 (270-330)		0.13 (0.10-0.20)	0.17 (0-0.40)	151 (136-172)	152 (128-182)			

* FIGURES IN BRACKETS INDICATE NUMBER OF SAMPLES.

PRIVATE WELLS

INDUSTRIAL

There are now 86 premises within the City which are known to use water from boreholes. Their total is made up as follows:—

	<i>Number of premises</i>	<i>Number of boreholes</i>
Breweries using well water for all purposes	6	15
Hotels and blocks of flats using well water for all purposes	3	3
Hospital using well water	1	1
Food preparation premises using well water	4	7
Industrial premises using well water for all purposes ...	15	22
Industrial premises using well water for industrial purposes only	57	78
	<hr style="width: 100px; margin: 0 auto;"/> 86	<hr style="width: 100px; margin: 0 auto;"/> 126
	<hr style="width: 100px; margin: 0 auto;"/>	<hr style="width: 100px; margin: 0 auto;"/>

During 1964, 31 bacteriological samples and 14 chemical samples were taken from various premises. The reports obtained from these samples indicated that the water from the boreholes, although hard, was in a state of high bacteriological purity.

DOMESTIC

Since 1960, it has been assumed that there were six dwellings within the City which have to rely on water from five shallow wells for their drinking supply.

In 1964 however, as a result of an enquiry concerning Improvement Grants, a further dwelling was found which was supplied with water from a shallow well. Results of samples taken from this well indicated that the water was polluted from surface sources, so, as in the case of the occupants of the other six dwellings, the occupants here were advised to boil the water before drinking it, until such time as the property is connected to a mains water supply.

DWELLINGS WITHOUT INTERNAL WATER SUPPLY

At the end of 1963 it was reported that the total number of dwellings in the City without internal water supply was 375. At the close of 1964, the number was 345, a reduction of 30.

While this reduction may seem to be negligible, the same pattern has prevailed as in several years past. Year after year it has been shown that in this City and in this modern age the main reason why so many houses lack an internal water supply rests solely and exclusively with the occupants, who did not wish to have such a supply installed.

The 345 dwellings lacking an internal water supply are accounted for as follows:—

Outside Redevelopment Areas:

Included in declared Clearance Areas ...	...	...	...	...	25
Life of property did not justify expense ...	...	...	...	...	13
Supplied by wells – usually distant from a main supply ...	...	...	...	...	3
Space limitation, or other reasons, made provision impracticable ...	...	...	...	...	1
Occupants did not desire an internal supply ...	...	...	...	...	226
Lack of drainage made provision impracticable ...	...	...	...	...	2
Suitable for installation and notices served on owners ...	...	...	...	...	3

Within Redevelopment Areas:

Occupants refused internal supply ...	...	...	...	...	72
					<hr/>
					345
					<hr/>

It will be seen, therefore, that of the total figure of 345, no less than 298 houses lack what is generally considered to be an essential amenity by reason of refusal.

The reduction of 30 on the 1963 figure is accounted for as follows:—

1. Houses void, pending demolition, or demolished ...	...	...	21
2. Installed by owners, occupiers or tenants, without service of notice ...	...	...	7
3. Houses being dealt with under Section 16, Housing Act, 1957 ...	...	...	2
			<hr/>
			30
			<hr/>

SAMPLING OF SWIMMING BATH WATER

The practice was continued of sampling once per month, without prior warning, the water of every swimming bath in use. There are eighteen swimming establishments containing twenty-nine pools. Estimation of free and total chlorine was made immediately and samples in which the chlorine had been neutralised with sodium thiosulphate were submitted for bacteriological examination within two hours of their being taken.

Free chlorine is the principal sterilising agent and, from the following table it can be seen that only a very few samples failed to achieve the highest degree of purity.

<i>Month</i>			<i>No. of Samples taken</i>	<i>No. of Samples with viable count more than 11 per 1 ml.</i>	<i>No. of Samples with faecal coliform detected in 100 mls.</i>
January	...	...	23	—	
February	...	...	26	—	
March...	...	...	26	—	
April	...	...	27	—	1
May	...	...	26	—	
June	...	...	28	—	
July	...	...	28	—	
August	...	...	29	—	2
September	...	...	29	—	
October	...	...	31	—	3
November	...	...	27	—	
December	...	...	25	—	
TOTAL			325	—	6

An arbitrary standard of not more than eleven organisms per 1 ml. and the absence of coliform organisms in 100 mls. is taken. There were only six samples out of the total of 325 taken which failed to reach this high standard; this was due either to low concentrations of chlorine (mostly as a result of mechanical defects) or exceptionally heavy bathing loads.

Throughout the year baths have been heavily used, particularly during the summer months, and despite this the stokers once again maintained a high degree of purity.

Mr. J. Moth, General Manager of the Baths Department, states that these results are considered most satisfactory and reflect the efforts made to ensure hygienic conditions in the City's bathing pools.

The Health Department maintains similar observations upon four privately owned and eight school swimming pools from which a total of 93 samples were examined both chemically and bacteriologically.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Part I of the Factories Act, 1961, contains those provisions dealing with sanitary matters in factories. When these are not observed, the factory occupier or other person responsible becomes liable to a fine on summary conviction. For administrative purposes, however, a distinction is drawn between factories where mechanical power is used and factories where mechanical power is not used.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 2,458 for the year. Details of this work, including the number of premises registered, are as follows:—

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(Including inspections made by Public Health Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	127	39	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,667	2,139	100	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	462	280	11	—
TOTALS ...	5,256	2,458	112	—

The following figures show a decrease of 139 in the total number of premises registered when compared with the figure of 5,395 for the previous year.

Once again, factory managements continued their co-operation with the Department in complying with the requirements of the informal notices referred to above. It was not necessary, therefore, to resort to statutory procedure with regard to such notices.

Inspectors continued the practice, when making their visits under the Factories Act, 1961, of dealing with other statutory duties in connection with factory canteens, outworkers, etc., at the same time. This policy ensures the most economical use of available manpower.

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prose- cutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness ...	4	1	—	5	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	1	—
Sanitary Conveniences					
(a) Insufficient	8	3	—	3	—
(b) Unsuitable or defec- tive	382	146	—	73	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offen- ces relating to Outwork)	3	2	—	3	—
TOTAL	397	152	—	85	—

Outworkers

Certain classes of light work in connection with various trades carried on in the City are given out to persons who undertake it in their homes or small workshops. Section 133 of the Factories Act, 1961, requires the employers of these people to supply the Local Authority with lists of their names and addresses during the months of February and August in each year.

The August return for 1964, which was submitted to the Ministry of Labour, gave the following particulars:—

LIST OF OUTWORKERS 1964

Nature of Work							Number of Outworkers in August
Wearing apparel ...	...	...	...	...	...	...	58
Linen and household linen ...	...	...	...	...	...	...	5
Electro-plate ...	...	...	...	...	...	...	53
Brass and brass articles ...	...	...	...	...	...	...	170
Paper bags ...	...	...	...	...	...	...	1
Paper box making ...	...	...	...	...	...	...	12
Brush making ...	...	...	...	...	...	...	4
Buttons, hair pins, etc. ...	...	...	...	...	...	...	289
TOTAL ...							592

There were no new classifications of work notified during the year and the total number of visits made by public health inspectors to outworkers' premises amounted to 169. These revealed no work being done in premises considered to be injurious or dangerous to health.

The above return shows a decrease of 181 in the total number of outworkers employed, when compared with the figure of 773 for 1963.

Town and Country Planning Act, 1962

In order to ensure that maximum use is made of the above Act in making certain that good planning incorporates the legislated requirements of public health and recommendations made in codes of practice, a close liaison is maintained between this Department and that of the City Engineer, Surveyor and Planning Officer.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health Inspector for examination and comment. Such plans include food premises, factories, shops, houses and housing projects. After preliminary examination they are passed on to specialist officers within the Department where appropriate. During the year, 1,916 applications were dealt with, which represents an increase of 167, approximately nine per cent., when compared with 1,749 for 1963. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>					
Public health inspectors	1,756
Smoke inspectors	572
Housing inspectors	260
Milk inspectors	8
Shops inspectors	151
Food inspectors	17
Medical Officers	4

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in 884 cases, or approximately 46 per cent.

NOISE ABATEMENT

The Noise Abatement Act, 1960, provides that noise or vibration which is a nuisance shall be a statutory nuisance, but the provisions of the Act do not apply to noise or vibration from aircraft or occasioned by statutory undertakings.

During the year 206 complaints of noise were received; the cause of the complaints included noise from the working of dust arresting equipment, extractor fans, power presses, night operations in factories, engineering machinery and other sources.

The Act provides that, in any proceedings in respect of noise or vibration caused in the course of a trade or business, it shall be a defence for the defendant to prove that the best practicable means have been used for preventing or counteracting the noise or vibration.

Each of the complaints received presented a different problem as to the necessary measures to be taken towards reducing the noise to an acceptable level. Observations were made to assess the degree of noise and these included a number of night visits where the complaints made referred to noise emitted during the hours of darkness.

The total number of visits made to complainants, works, and including the routine observations, amounted to 1,749.

The liaison between the City Engineer, Surveyor and Planning Officers Department and the Health Department makes it possible, on occasion, to advise industrialists that machinery, if placed in a certain position, would undoubtedly give rise to complaints of noise, and thus, acting upon the advice given, possible sources of noise likely to be a nuisance are avoided.

Many of the complaints received could be easily avoided if owners of premises gave thought to persons living in adjoining or adjacent dwellings, as many of the noises complained of could be satisfactorily mitigated by fairly simple and inexpensive means. Other noises present considerable difficulties in finding a solution, and the mitigation of the noise may prove to be extremely costly.

Although it has been recognised that the Noise Abatement Act, 1960, has its limitations, and that a "Committee on the Problem of Noise" was set up to "examine the nature, sources, and effects of the problem of noise and to advise what further measures can be taken to mitigate it" there has been nothing further provided in amended legislation or regulations to control noise, particularly from industrial premises. The Report of the "Committee on the Problem of Noise" was published in July, 1963, and it was recognised that further measures are desirable in order to control noise, but many of the problems create considerable difficulties in achieving a satisfactory noise level. There is no doubt that most owners of premises causing noise are sympathetic towards complainants, and are willing to spend time and money in reducing the noise complained of to a level that will be tolerated by the complainant.

In a large industrial city noise complaints are inevitable and present, in many cases, complex problems in arriving at suitable means to overcome nuisance.

During the year numerous householders complained of noise occurring day and night from a newly erected dust arresting plant. Unfortunately the plant was near to dwellings and an intolerable noise was created when the plant was operating. The firm called in acoustic consultants who supported the views of the technical officers of the Health Department on what was required to reduce the noise to avoid complaint. The equipment included a large fan, chimney, and bag filter plant fitted with a vibration system for cleaning the bags. The main cause of the complaints was the noise emanating from the fan and chimney which was acting as a sound pipe. After some ineffective measures the firm acted upon advice given and removed the fan and the chimney from the site; re-erected the chimney nearer the centre of the works, and placed the fan within another building alongside the chimney, which has given complete satisfaction to the complainants.

This method of reducing noise was costly, but the alternative was the complete building-in of the whole of the dust arresting equipment which would have been much greater in cost.

The Report referred to above stresses that greater attention must be given to the control or reduction of noise from industrial premises, and local authorities would welcome quantitative levels of noise which should become statutory limits if possible, or guidance on levels considered reasonable, having regard to the circumstances and types of industry involved.

HEATING APPLIANCES

The Testing of Guards on Oil, Gas and Electrical Appliances

The Heating Appliances (Fireguards) Act, 1952, was designed to safeguard the users of portable heating appliances by prohibiting the sale of any unguarded fire. The Heating Appliances (Fireguards) Regulations, 1953, provide that every portable heater for use in dwellinghouses or other residential premises shall be provided with a guard in accordance with the Regulations and conform to tests set out in the Schedule to the Regulations.

On the 1st June, 1962, the Oil Heaters Regulations, 1962, made under the provisions of the Consumer Protection Act, 1961, came into operation.

These Regulations apply to domestic space heaters which burn paraffin oil and are not designed for use with a flue. The Regulations provide that all such heating appliances shall bear a warning notice, against – using petrol as a fuel, carrying the heater when alight, using in unventilated places, in draughts or where it may be knocked over.

In addition, standards of performance and design are prescribed.

With the coming into operation of the new Regulations made under the Consumer Protection Act, 1961, the Heating Appliances (Fireguards), Act, 1952, and the Oil Burners (Standards) Act, 1960, ceased to have effect, but the Heating Appliances (Fireguards) Regulations, 1953, shall apply as if they were made under the Consumer Protection Act, 1961.

During the year the inspectorial work undertaken was as follows:—

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
227	755	6

Where appliances were found to be unsatisfactory because of not being fitted with the requisite guard, the owners of the premises, when notified, immediately withdrew the appliances from sale until the correct guard could be fitted.

In one case, where the owner had been previously warned of selling heating appliances not fitted with a guard, the Health Committee authorised proceedings to be taken and at subsequent Court proceedings the offender was fined £5.

ATMOSPHERIC POLLUTION CONTROL

Efforts towards promoting a cleaner atmosphere continue and must continue unabated in the interests of health and for the improvement and preservation of amenities. The managements of industrial and commercial premises are well aware of the provisions of the Clean Air Act, 1956, and, in the main, are installing fuel burning plant capable of preventing the emission of visible pollution into the atmosphere. Gas fired and oil burning equipment is still being installed in preference to coal burning plant and, in spite of oil fuel having a higher sulphur content than bituminous coal, the pollution recording instruments do not indicate an increase of oxides of sulphur in the atmosphere.

The many newly erected tall buildings provide admirable vantage points from which large areas of the City may be viewed, and it is encouraging to note industrial areas where there are many chimneys visible but not emitting smoke to the atmosphere.

Householders too are continuing to assist towards a cleaner atmosphere as many living outside as well as within smoke control areas are turning from using coal burning appliances to the use of "tapped" fuels. Many of these householders, especially those employed in industry or commerce during the day, find it much more convenient to obtain immediate heat and warmth at the turn of a switch. The installation of central heating systems is increasing, and as most of these use smokeless fuels or oil, the use of such heating methods means less bituminous coal being burned with the resultant reduction in smoke emissions.

Smoke Control Areas

The programme of establishing further smoke control areas continues and during the year an additional fifteen smoke control orders became operative, bringing under smoke control a further 19,385 dwellings and 1,519 other premises within an area of 2,653 acres.

Seven other smoke control areas confirmed by the Minister of Housing and Local Government will come into operation during the year 1965. The total number of smoke control areas in operation at the 31st December, 1964, was 104; these orders affect 46,029 dwellings and 5,169 other premises within a total area of 6,187 acres. On the 14th August, 1964, the Ministry of Housing and Local Government issued Circular No. 46/64 in which reference is made to amendment of the Clean Air Act, 1956, by section 95 of the Housing Act, 1964. This section in certain respects amends the provisions for payment of grant when smoke control areas are established, and refers to the following:—

(1) NEW DWELLINGS

The Clean Air Act, 1956, excluded a new dwelling from grant towards expenditure incurred in adapting or replacing fireplaces

and a "new dwelling" was defined as one erected or produced by conversion after the passing of the Act, i.e., 5th July, 1956. The amendment now provides that a "new dwelling" is one erected or produced by conversion after the 16th August, 1964.

(2) DESIGNATION OF APPLIANCES

The amendment provides that if, after a smoke control order has been made by a local authority, and before the notice is published, the local authority pass a resolution designating any class of heating appliance as being, in their opinion, unsuitable for installation in that area by reason of imposing undue strain on the fuel resources available in the area, then, on confirmation of the order, no grant will be available towards the expenditure incurred on the installation of a designated appliance.

The Minister may also designate as unsuitable for installation either in particular localities or in England and Wales generally any class of heating appliance which, in his opinion, would place an undue strain on fuel resources.

The Minister took advantage of his powers under the amendment and on the 18th December, 1964, issued Circular No. 60/64 in which all electrically operated space heating appliances except those operating by heat storage, are designated as being unsuitable for installation because, at times when they are generally used, they impose undue strain on the electric power available.

Approval of Expenditure — Special Cases

It has been necessary under the provisions of the Clean Air Act, 1956, for expenditure on adapting or replacing fireplaces to be approved by the local authority before it is incurred, if it is to qualify for grant. It was also necessary for the approved works to be carried out after the date the order was confirmed by the Minister and before the operative date of the order if the necessary expenditure was to be considered for grant purposes. With good intentions householders have incurred expenditure without prior approval by the local authority, and some have carried out works before the order was confirmed and, unfortunately, they have not been eligible for grant. The amendment overcomes these difficulties whereby local authorities now have discretionary powers to approve retrospectively for grant purposes expenditure which is incurred by the owner or occupier without prior approval by the local authority after the Minister has confirmed the order, but before the order comes into operation. Discretionary power is also given to local authorities to approve for grant purposes expenditure incurred on necessary adaptations carried out before

confirmation of the order. This will only apply in those instances where the local authority has made an order and expenditure is incurred before confirmation of the order.

Owners or occupiers of dwellings in future smoke control areas should not be encouraged to carry out works of adaptation without seeking prior approval by the local authority. It is still intended that the works shall be undertaken in the specified period and prior approval of the expenditure be obtained.

Discretionary Grants

The Clean Air Act, 1956, provides that where an owner or occupier incurs expenditure "reasonably necessary" on adaptations of fireplaces in a dwelling in a smoke control area the local authority shall repay him seven-tenths of that expenditure and may, if they think fit, pay the whole or any part of the remaining sum. Hitherto the local authority had to bear the full cost of the extra payment, but the amendment now provides that on and after the 16th August, 1964, such discretionary payments will qualify for Exchequer contribution.

Means of Ignition

Previously, in order to qualify for grant, it was necessary that "works" were carried out. Some difficulty arose from time to time particularly where an occupier of a dwelling possessed approved types of solid smokeless fuel burning appliances and all that was necessary was to provide means of ignition. If a gas point was alongside the fireplace and a gas poker was purchased to plug into the gas point, grant was not available for the expenditure incurred because no "works" were involved. The same conditions applied where a socket outlet was provided and an electric igniter was purchased. The amendment now provides "that the provision of means of ignition is an eligible adaptation and shall be deemed to be execution of works so as to qualify for grant."

The effect is that on or after the 16th August, 1964, expenditure incurred on the provision of ignition appliances, whether fixed or not, and whether involving works or not, is eligible for grant.

Domestic Fuel Supplies

In December, 1963, a White Paper entitled "Domestic Fuel Supplies and the Clean Air Policy" was submitted to Parliament, and this was followed by Circular No. 69/63 issued by the Minister of Housing and Local Government in which the Minister stated that, due to the possible shortage of certain fuels suitable for the approved open fire, local authorities should encourage the use of more superior types of appliances such as under-floor draught open fires, room heaters and openable stoves, fixed gas, electric

storage and oil heaters in houses in smoke control areas. For these appliances revised grant arrangements were made available. This will undoubtedly mean a higher cost on bringing smoke control areas into operation, but it will mean better heating appliances and, in the case of solid smokeless fuels, the appliances will be capable of burning any of the fuels available. The improved efficiency of the new appliances will mean better heat output and a consequential saving of fuels. In spite of the fears of the Ministry regarding the shortage of solid smokeless fuels, the position in the Midlands is very satisfactory, with ample supplies of "Gloco" available, and an increasing supply of the premium smokeless solid fuels.

From time to time complaints have been received of difficulty in obtaining delivery of smokeless fuels, and there was wrongly assumed to be a shortage. The fuel distributors are aware of these delays in delivery and are considering ways towards improving the situation.

Although smoke control areas are being established according to programme and the owners or occupiers are aware that certain works are necessary and should be carried out without delay, a very considerable number wait until the last month before having the work put in hand. In addition many householders, having had the work completed, delay in sending in their claims for grant to which they are entitled, and many do not send in claims at all.

Every effort is made by the Department to encourage householders to carry out necessary works as soon as possible. Smoke Control Area Advisers render every possible assistance to householders in smoke control areas advising on types of suitable appliances, and on the best methods of lighting the fuel and operating the appliances.

The position in relation to the progress of smoke control areas up to the end of 1964 was as follows:—

Smoke Control Areas in operation	..	..	..	..	104
Smoke Control Orders confirmed but not yet in operation	..				7
Total number of dwellings and other premises subject to the above 111 Orders	..	..	..	..	72,282
Acreage of the Areas	..	..	..	..	9,250

Atmospheric Pollution by Smoke from Industrial Furnaces

Regular observations on chimneys in every district of the City have been maintained throughout the year. The continued co-operation between the smoke inspectorate and architects, heating engineers, consultants and fuel burning appliance manufacturers results in the correct type of fuel burning equipment being installed and maintained so as to prevent unnecessary pollution.

During the year 2,763 observations were made on industrial chimneys and in fourteen instances of excessive smoke emissions the Health Committee authorised legal proceedings to be taken against the offenders. Industrialists are making efforts to ensure that smoke emissions do not contravene the Clean Air Act provisions and, where prosecution has taken place as a result of excessive smoke emissions, the firms concerned are careful, in most cases, to ensure that the necessary measures are taken to prevent any further contravention.

Demolitions

Demolition of buildings within the City Centre continues, new and taller buildings are being erected and it is to be hoped that the efforts being made to reduce air pollution will result in these new buildings remaining clean and bright.

The demolition of the older buildings has caused considerable nuisance from dust and it has been found necessary to tighten controls available to ensure such pollution is kept to a minimum. It has also been necessary to warn demolition contractors of the pollution caused by the burning of waste materials. Whilst it may be desirable to burn infested timber on the site it is completely unnecessary to burn roofing felt and rubber floor covering etc., which cause a nuisance from black smoke emissions. The indiscriminate burning of trade refuse can also create nuisance and during the year one notice was served under Section 16 of the Act, in order to abate the nuisance from such a source.

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions—Section I

Number of prosecutions ...	...	...	...	...	...	...	6
Total amount of fines imposed	...	...	...	...	...	...	£100

Smoke Control Areas—Section II

Number of prosecutions ...	...	...	...	...	...	...	8
Total amount of fines imposed	...	...	...	...	...	...	£34

Smoke Nuisances—Section 16

Abatement notices served	1
--------------------------	-----	-----	-----	-----	-----	-----	---

Installation of New Furnaces

The Clean Air Act, 1956, Section 3, requires that new furnaces shall be, so far as practicable, smokeless, and any person who intends to install a new furnace shall not do so unless notice of the proposal to install it has been given to the local authority.

The examination of plans submitted under local building byelaws and of planning applications under Town and Country Planning Acts often enables information to be obtained of proposals to install new or additional furnaces in premises. This section of the Clean Air Act does not apply to furnaces designed solely or mainly for use for domestic purposes where the furnaces have a maximum heating capacity of less than 55,000 British Thermal Units per hour.

Drawing the attention of owners or architects concerned to the necessity of informing the Local Authority of intention to install a furnace is an endeavour to obtain smooth and amicable working with those who have interests in the proposals. Where new furnaces are installed for burning solid fuel at a rate of one ton or more per hour grit arrestment plant must be installed and plans and specifications must be first submitted to the Local Authority for approval. Similar conditions are applicable when pulverised fuel is to be used, irrespective of the amount of pulverised fuel to be burned. Failure to install grit arresting equipment approved by the Local Authority constitutes an offence.

During the year 180 notifications of intention to install new furnaces were received, and the following table indicates the types of fuels which would be used:—

<i>Coal</i>	<i>Solid Smokeless fuels</i>	<i>Oil</i>	<i>Gas</i>	<i>Electricity</i>	<i>Waste materials</i>
2	6	131	33	5	3

The preference for oil fuel continues; 73 per cent of the furnaces installed were oil fired installations, and gas fired furnaces amounted to 17 per cent of the total furnaces installed. The number of coal-fired furnaces again declined, amounting to a little over one per cent of new furnaces installed. Although the cost of oil is greater than that of coal, industrialists appreciate the consistent heating value of oil, the small space required for storage purposes as compared with coal, the flexibility of control of the plant and that there is no need for removal of ash and clinker. Large stocks of coal, when disturbed, can cause nuisance from coal dust, and the removal of ashes also may result in dust emissions.

Heights of Chimneys

Section 10 of the Clean Air Act, 1956, relates to plans, deposited in accordance with building byelaws, which show that it is proposed to erect a chimney for carrying smoke, grit dust and gases from a building. The responsibility of ensuring that this will be done without prejudice to health or being a nuisance is carried out through the liaison between the Health Department and the City Engineer and Surveyor's Department, whereby any appropriate plans are circulated for comments in regard to the height of the proposed chimneys.

In accordance with the requirements of the Act consideration is given to:—

- (a) the purpose of the chimney
 - (b) the position and type of adjacent buildings
 - (c) the levels of the neighbouring ground
- and any other matters requiring consideration in relation to the chimney emissions.

This procedure entails making enquiries from architects or owners, visits to the site and the subsequent collation of the information by the Chief Smoke Inspector.

In the early part of 1963 the Ministry of Housing and Local Government issued Circular No. 25/63 relating to chimney heights which indicated that local authorities had a duty to satisfy themselves that new chimneys to which Section 10 of the Act applies will be high enough to prevent, so far as practicable, smoke, grit, dust and gases emitted from the chimneys from becoming prejudicial to health or a nuisance, and referred to the newly published "Memorandum on Chimney Heights." The Minister had been requested to provide guidance in a simpler form than had been given hitherto, to assist local authorities in the exercise of their functions under Section 10.

The Minister points out that the Memorandum is to be regarded only as a guide to the final decision in any particular case, and the height of the chimney found by calculation should be modified as seems necessary. Architects and consulting engineers had complained that there appeared to be a lack of uniformity of requirement for different local authorities with regard to similar fuel burning plants, and the Memorandum on Chimney Heights will assist local authorities to attain some degree of uniformity on the calculation of chimney heights, having regard to the fuels to be used. The Memorandum provides a simple formula for calculating the emission of sulphur dioxide in pounds per hour from the fuel consumption, and charts are provided where the necessary chimney height is indicated having regard to the sulphur dioxide emission. The greater the emission of sulphur oxides then the higher the chimney must be to ensure that the gases may be adequately dispersed so as to avoid nuisance.

During the year, 37 plans of chimneys were submitted by the City Engineer, Surveyor and Planning Officer for comment with regard to the proposed height. All but three were found to be satisfactory.

Atmospheric Pollution from Railway Smoke

Railway engines at New Street and Snow Hill stations, puffing out volumes of smoke, a familiar sight a few years ago, are now rarely seen. As more diesel driven locomotives and rail cars come into service, the number of steam engines is reducing, resulting in less pollution from smoke and grit. Electrification of certain lines also means traction free from air pollution. During the year observations have been maintained on coal fired locomotives in main line stations and motive power depots.

No coal fired locomotive was observed emitting smoke in contravention of the Regulations, but at one depot in a smoke control area smoke was observed coming from a chimney of a signal box. This was due to burning coal on a slow combustion stove. The Health Committee authorised legal proceedings to be taken and the British Railways Board was fined £5 for contravening the Smoke Control Order.

TABLE III

Station and type of area.	Yearly total of solid deposit in tons per square mile.			Sulphur dioxide as mgms of SO ₃ per 100 sq. cms. of lead peroxide per day.		
	1963	1964	Incr. or Decr.	1963	1964	Incr. or Decr.
GREAT CHARLES STREET Commercial	239.65	307.37	+ 67.72	3.04	3.55	+ 0.51
WEST HEATH Residential	82.34	99.38	+ 17.04	1.22	1.10	- 0.12
EDGBASTON RESERVOIR Residential	136.96	126.16	- 10.80	2.58	2.27	- 0.31
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential	236.77	199.42	- 37.35	1.71	1.56	- 0.15
PUBLIC WORKS DEPOT, KINGSBURY ROAD Industrial and residential	160.16			1.89		
PUBLIC WORKS DEPOT, SPRING LANE Mainly Residential						
TREAFORD LANE, ALUM ROCK Residential	137.72	133.68	- 4.04	1.35	1.26	- 0.09
TOWER HILL Residential		188.92			1.36	
ST. JOHN'S RESTAURANT, DERITEND Industrial	292.59	284.91	- 7.68	3.26	3.15	- 0.11

TABLE I MONTHLY RECORD OF SOLID MATTER DEPOSITED—EXPRESSED IN TONS PER SQUARE MILE (1964)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	25.05	23.28	31.45	27.68	23.38	15.47	20.21	16.18	20.91	16.21	45.02*	42.53*
West Heath	11.74	6.87	8.84	9.44	7.74	7.20	9.60	5.84	3.90	13.71	7.80	6.70
Edgbaston Reservoir	9.71	9.81	15.01	12.99	13.09	14.45	8.65	6.36	4.04	11.34	11.10	9.61
Carnegie Institute, Hockley ...	16.95	17.66	19.97	25.77	19.23	15.20	16.34	12.89	13.93	13.63	7.55	20.30
Public Works Department, Kingsbury Road/Spring Lane Erdington	16.08	12.26	15.10	18.08	12.13	13.04	9.86	11.62	7.43	12.67	10.44	10.44
Treatford Lane, Alum Rock ...	10.81	11.85	15.41	11.58	11.78	11.31	9.10	9.73	8.22	10.91	10.87	12.11
Tower Hill	9.32	10.92	17.31	16.97	10.34	9.21	18.60	13.36	11.22	9.55	50.49*	11.63
St. John's Restaurant Deritend	31.32	28.85	37.26	30.37	19.19	15.60	15.34	16.28	18.44	17.23	29.15	25.88

— The Kingsbury Road gauges were removed to Spring Lane, Erdington on the 1st June, 1964.

* — Indicates that excessive results shown are due to contamination from building operations or other means.

TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1964)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	5.47	5.11	5.16	3.16	1.85	1.88	1.45	1.46	2.40	4.51	4.60	5.57
West Heath	1.09	1.56	1.65	1.04	0.57	1.04	0.40	0.29	0.61	1.19	1.77	1.95
Edgbaston Reservoir	3.79	2.62	3.74	2.28	1.13	0.58	0.73	0.99	1.34	3.00	3.19	3.86
Carnegie Institute, Hockley ...	2.87	2.53	2.23	1.53	0.77	0.48	0.35	0.43	0.90	1.85	2.09	2.74
Public Works Department, Kingsbury Road/Spring Lane Erdington ...	2.99	2.22	1.60	1.88	1.14	1.05	0.77	0.89	1.60	2.58	3.15	4.03
Treatford Lane, Alum Rock ...	2.18	1.88	1.53	1.23	0.73	0.65	0.50	0.56	0.68	1.41	1.71	2.05
Tower Hill	1.80	1.92	2.00	1.17	0.77	0.82	0.58	0.54	0.96	1.67	1.69	2.43
St. John's Restaurant, Deritend	5.56	4.79	3.71	3.23	1.58	1.58	1.13	1.26	2.00	3.90	4.13	5.15

The Kingsbury Road gauges were moved to Spring Lane Erdington on 1st June, 1964.

Fumes and Effluvia

During the year 82 complaints of nuisances arising from the emission of fumes were investigated. The complaints were caused by fumes from paint spraying, pickling vats, diesel engines, coke burning, oil burning, dry cleaning plants and melting of metals.

Each complaint was carefully investigated and, upon the source being established, the owners or managements concerned were advised of remedial measures that should be taken to overcome the cause of complaint. The follow-up visits relating to these complaints, and routine observations maintained throughout the year, totalled 748.

In all cases the owners or managements concerned co-operated in carrying out the necessary measures suggested, to the satisfaction of the complainants.

Dust Emissions

The number of complaints investigated due to the excessive emission of dust was 50 and these referred to dust emitted from demolition works, boiler cleaning, concrete batching plant, paint, coal deposits, woodworking and boiler plant.

The considerable amount of demolition work being carried out within the City Centre has at times given cause for complaint due to the clouds of dust occasioned by the falling of buildings and the disturbance of rubble. Careful sprinkling by water will do a lot towards reducing these emissions.

During the year samples of dust from demolition sites in the vicinity of the Eye Hospital were taken and tested for harmful bacteria. The tests all proved negative. Demolition contractors have been notified about the need to take necessary measures in order to keep dust emissions to a minimum. Follow up visits and routine observations in relation to dust emissions totalled 363.

The owners and managements concerned readily co-operated in taking necessary steps to overcome any cause for complaint, and it was not found necessary to serve a statutory notice for the abatement of nuisance from the emission of dust.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the City. Each station consists of a Standard Deposit Gauge for the collection of solid pollution, and a Lead Peroxide Instrument for the determination of sulphur dioxide in the atmosphere.

Due to a change of use of the premises it was found necessary to remove the pollution gauges at Kingsbury Road. The new site selected is at Spring Lane, Erdington, approximately half a mile to the north-east of the Kingsbury Road site, and the change was made on the 1st June, 1964.

Tables I and II indicate the monthly record of solid matter deposited and the sulphur determination by the lead peroxide method, as collected by the gauges. Table III indicates the yearly total of solid deposits per gauge expressed in tons per square mile, and the sulphur dioxide determination expressed as milligrams of SO_3 per 100 square centimetres of lead peroxide for each gauge per day.

The graph indicates the average yearly total of solid matter collected by the standard deposit gauges for the years 1960 to 1964 expressed in tons per square mile per gauge; and the mean daily average of the sulphur determination by the lead peroxide method expressed in milligrams of SO_3 per 100 square centimetres of lead peroxide.

Two of the stations show an increase of solid matter as compared with the previous year, whilst only one station indicates an increase in sulphur in the atmosphere.

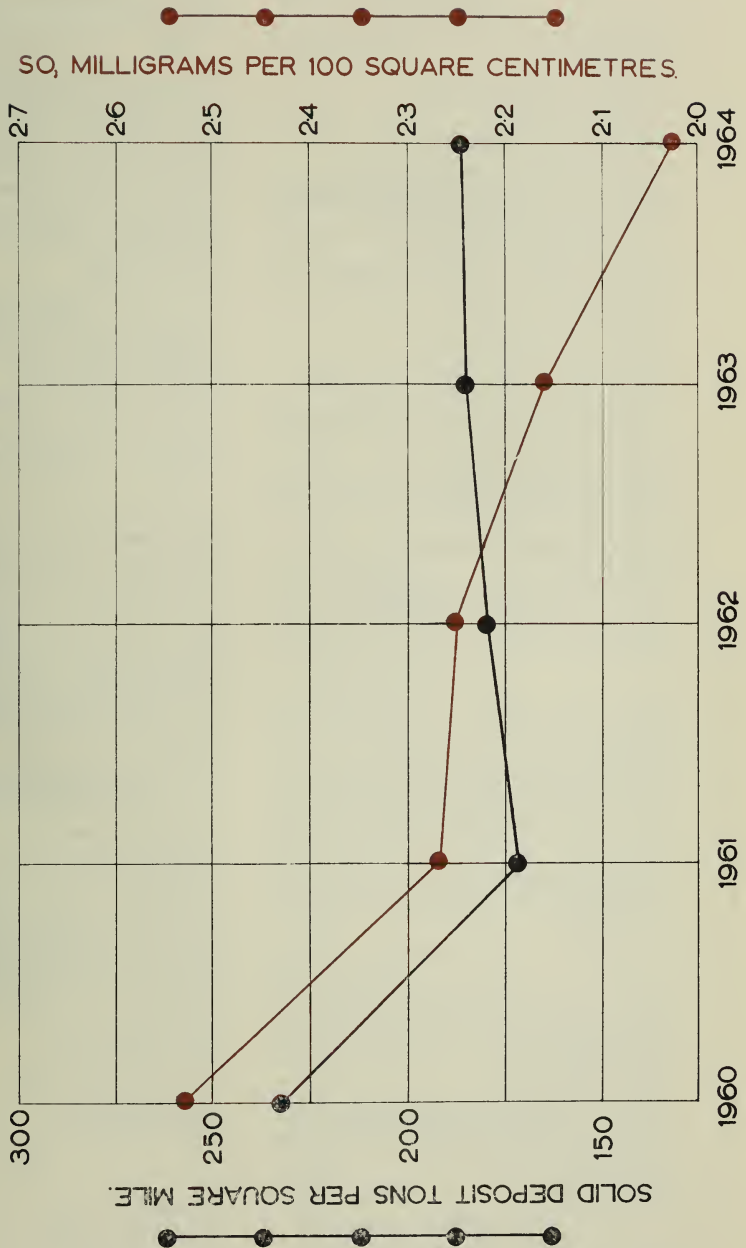
Two monthly records for the Great Charles Street solid deposit gauge and one for the Spring Lane solid deposit gauge indicated amounts of solid deposit considerably in excess of the normal readings. With regard to the Great Charles Street gauge, the abnormal readings are thought to be due to the deposit of sand, cement, etc., from adjacent building operations; whilst the high reading for the Tower Hill gauge was probably due to rust from the gauge guard. This has been cleaned and painted to prevent further false readings.

In spite of these three abnormal readings, the graph indicates that the average annual total of solid deposits is about the same as for the previous year.

There is a considerable increase in the use of oil fuel by industry, and although oil fuel has a higher sulphur content than coal, the graph shows a further decrease in the mean daily average of sulphur oxides.

ATMOSPHERIC POLLUTION.

GRAPH SHOWING THE AVERAGE WEIGHT OF SOLID MATTER COLLECTED BY DEPOSIT GAUGES EXPRESSED IN TONS PER SQUARE MILE PER ANNUM AND THE MEAN DAILY AVERAGE OF THE SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD EXPRESSED IN MILLIGRAMS OF SO₂ PER 100 SQUARE CENTIMETRES.



INDEX

A

Abatement of Nuisances, 236
 Accidents, 23
 Accident Ambulances, 142
 Adoption clinic, 180
 Adoption of children, 180
 Aged and chronic sick, 149, 186
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956, 246
 Airport—health control, 44
 Air raid shelters—demolition, 244
 Ambulance service, 140
 Anaemias of pregnancy, 105
 Analytical laboratory, 55
 Animal Boarding Establishment, 204
 Animals Slaughtered, 196
 Antenatal care—statistics, 110
 Antenatal clinics, 109
 Approved school, 182
 Appointment clinics, 86
 Area comparability factors, 21
 Area of City, 17
 Attendances, welfare centres, 93
 Atmospheric pollution, 62, 281
 Audiology clinic, 88

B

Bacon factories, 196
 Bakehouses, 217
 Bathing facilities, 150, 260
 Beechcroft Mother and Baby Home, 83
 B.C.G. vaccination, 50
 Bed Bureau, 104, 148
 Birmingham general, 15
 Birmingham Council for Old People, 149, 155
 Birmingham Hospital Saturday Fund, 154
 Births—incidence and rates, 17, 26
 Blacksmiths, 205
 Blindness, 188
 Blind Welfare, 187
 Blood tests, expectant mothers, 86
 Boarded out children, 178
 Bottle washing, 210
 Burials, 244

C

Canal boats, 248
 Cancer, 22
 Canteens—factory, 216
 Canteens—mobile, 216
 Caravans, 245
 Care of deprived children, 178

Care of mothers and young children, 77
 Care of the aged and chronic sick, 149, 186
 Care of the unmarried mother, 81
 Care of the unmarried mother—statistics, 94
 Catering premises, 216
 Causes of death, 21, 28
 Cerebral palsy, 191
 Certificates of disrepair, 231
 Cesspools, 265
 Child adoption, 180
 Children Act, 1948, 178
 Children at risk, 123
 Children's clinics, 89
 Children's Homes, 183, 185
 Children's Home Nursing Unit, 132
 Children's Nightdresses Regulations, 159
 Child welfare centres, 84
 Child welfare clinics—statistics, 89
 Chiropody—aged persons, 151
 Chiropody clinic, 87, 113
 Churn and bottle washing, 210
 Clean Air Act, 1956, 285
 Cleansing station, 150, 258
 Clearance areas, 219, 243
 Climatology—Birmingham, 15
 Clubs—licensed, 215
 Cold milk dispensing machines, 209
 Common lodging houses, 245
 Community care, 170
 Comparability factors, 21
 Compulsory removal, 186
 Confectionery bakeries, 217
 Congenital malformations, 125
 Consultation clinic, 86, 90
 Contacts—tuberculosis, 53, 72
 Convalescent care, 154
 Cream, fresh, 210
 Cream, imitation, 210
 Cremations, 194
 Crude rates, 25

D

Dairies, 207
 Dairy herds, 220
 Day nurseries, 77
 Day nurseries—statistics, 80
 Deaf-blind, 190
 Deaf children—audiology clinic, 88
 Death rate, 21, 27
 Denominational homes, 83

Dental health education, 100
 Dental service, 97
 Deprived children—medical care, 178
 Diphtheria, 29, 46
 Diphtheria immunisation, 46
 Diseases of Animals Acts, 206
 Disinfection after tuberculosis, 258
 Disinfestation and disinfection, 258
 Disrepair certificates, 231
 Domestic air raid shelters, 244
 Domestic Help Service, 162
 Domiciliary care of the premature infant, 115
 Domiciliary laundry service, 138
 Domiciliary midwifery, 101
 Domiciliary nursing service for children, 132
 Drainage and sewerage, 261
 Drugs, 61
 Dust, 290
 Dustbins—provision of, 263
 Dysentery, 29

E

Eating houses, 216
 Egg sampling, 213
 Elmdon Airport—health control, 44
 Emergency maternity service, 105
 Encephalitis, 31
 Enforcement section, 238
 Environmental health service, 218
 Epidemiology, 29
 Epilepsy, 193
 Exhumations, 244
 Expectant mothers
 haemoglobin tests, 106
 postnatal examination, 86
 relaxation classes, 86

F

Factories—sanitary accommodation, 275
 Factory canteens, 216
 Fairgrounds, 247
 Family care section, 173
 Fireguards, loan of, 138
 Fireguards, inspection of, 279
 First aid—staff, 194
 Fluoridation of drinking water, 270
 Food and Drugs—New Legislation, 66
 Food poisoning, 31

Food preparation premises, 207, 214
 Food sampling, 55, 64
 Food Supervision, 195
 Foods—unfit, 55
 Fumes, 290

G

General epidemiology, 29
 General practitioners—children's clinics, 87
 Gonorrhoea, 37

H

Haemoglobin of Expectant Mothers
 106
 Handicapped children, 77, 92
 Health Centre, Nechells Green, 85, 132, 172
 Health Committee, functions of Sub-Committees, 5
 Health Committee members, 4
 Health Education, 156
 exhibitions, 158
 dental decay, 97
 Health talks, 87
 Health visiting, 117, 127
 Health Visitors' Training Course, 117
 Health Visitors—tuberculosis, 71
 Heating appliances, 279
 Home Help Service, 162
 Home Nursing Service, 128
 Home Nursing Service, children's unit, 132
 Home population, 17
 Horses, 205
 Hospital car service, 148
 Hospital follow-up—health visitors, 151
 Hospital Saturday Fund, convalescence, 154
 Hostels for the homeless, 122
 Hostels for discharged mental patients, 169
 Housing, 218
 advice to intending purchasers, 224
 certificates of disrepair, 231
 clearance areas, 219
 houses let in lodgings, 228
 house to house inspections, 227
 improvement areas, 221
 improvement grants, 233

Housing (continued)

- mortgage applications, 224
- multi-occupation, 228
- new houses, 218
- points scheme, 160
- redevelopment areas, 243
- renovation of unfit houses, 219
- Rent Restriction Acts, 232
- repair notices, 220
- slum clearance, 219
- standards, 223
- tuberculous rehousing, 72
- unfit houses, 219

I

- Ice cream, 212
- Iced lollipops, 213
- Illegitimacy, 17
- Imitation cream, 210
- Immunisation, 46
 - diphtheria, 46
 - poliomyelitis, 49
- Importation of Dogs and Cats Order, 203
- Improvement grants, 233
- Incidence of blindness, 188
- Industrial premises—smoke, 284
- Industrial premises—supervision of, 275
- Infant mortality, 18, 19, 27
- Infectious diseases, 29, 45
- Infectious diseases—follow-up visits, 227
- Internal water supplies within dwelling houses, 273
- International certificates, 44

K

L

- Laboratory services, 55
- Laundry service, 138
- Legitimacy in relation to mortality among infants, 20
- Leukaemia, 23
- Licensed clubs, inspection of, 215
- Licensed premises, inspection of, 215
- Live birth rate, 17
- Loan of nursing equipment, 135
- Loan of fireguards, 138
- Local drug testing scheme, 61
- Lodging houses, 245
- Lollipops, iced, 63, 213

M

- Malaria, 32
- Malformations, congenital 125
- Maternal mortality, 19
- Maternity bed bureau, 104
- Maternity and child welfare centres, 84
- Maternity services, 101
- Maternity service—emergency, 105
- Measles, 33
- Meat inspection, 195
- Meat condemnation of, 197
- Medical care of deprived children, 178
- Medical examinations—staff, 194
- Medical Officer for Staff Welfare, 194
- Meningococcal infection, 33
- Mental Health, 166
 - Administration, 175
 - admissions, 166
 - community care, 170
 - Family Care Section, 173
 - hostels, 169
 - Mental Welfare Section, 166
 - Parent Guidance Clinic, 174
 - social club, 172
 - training, 175
 - training centres, 172
- Meteorology, 16
- Midland Spastics Association, 191
- Midwifery—domiciliary, 101
- Midwifery—statistics, 110
- Milk and dairies, 207
- Milk sampling, 209
- Milk supply, 207
- Mobile canteens, 216
- Mortality among infants, 18, 19
- Mortality, maternal, 19, 107
- Mortality rates, 20
- Mortality, tuberculosis, 70
- Mother and baby homes, 83

N

- National Assistance Acts, 186
- National Health Service Act :—
 - Section 22—Care of mothers and young children, 77
 - Section 23—Midwifery, 101
 - Section 24—Health visiting, 117
 - Section 25—Home nursing, 128
 - Section 26—Immunisation and vaccination, 46
 - Section 27—Ambulance service, 140
 - Section 28—Prevention of illness, care and after care, 149

Section 28—Mental health, 166
 Section 29—Domestic help, 162
 Nechells Green Health Centre, 85, 132, 172
 Neonatal death rate, 18
 New houses, 218
 Night watcher service, 165
 Noise abatement, 277
 Nuisances—abatement of, 236
 Nuisances—urgent, 242
 Nurseries and Child Minders' Regulation Act, 1948, 79
 Nurseries :—
 day, 77
 residential, 184
 Nurses' agencies, 177
 Nurses — student — training in public health, 118
 Nursing equipment, loan of, 135
 Nursing homes, 177

O

Observation Register 123
 Occupation centres, 172
 Offensive trades, 246
 Ophthalmia neonatorum, 109
 Outworkers, 276
 Offices, Shops and Railway Premises Act, 255

P

Paratyphoid fever, 33
 Parent Guidance Clinic, 174
 Perinatal mortality, 19
 Pet shops, 204
 Phenylketonuria, 121
 Pig keeping, 247
 Pleasure fairs, 247
 Pneumonia, 34
 Points scheme, 160
 Poliomyelitis, 35
 Poliomyelitis immunisation, 49
 Pollution recording apparatus, 290
 Population, 17
 Population, by wards, 27
 Postnatal clinics, 86, 110
 Prematurity, 115
 Prevention of Damage by Pests Act, 1949, 248
 Prevention of illness, care and after-care, 149
 Priority rehousing, 160

Privy pans and middens, 265
 Provision of internal water supplies within dwelling houses, 273
 Public Health Inspection, 225
 abatement of nuisances, 236
 air raid shelters, 244
 Agriculture (Safety, Health, etc.) Provisions Act, 246
 burials and exhumations, 244
 canal boats, 248
 clearance areas, 219, 243
 certificates of disrepair, 231
 common lodging houses, 245
 disinfestation and disinfection, 258
 enforcement section, 238
 house to house inspections, 227
 houses in multiple occupation, 228
 improvement grants, 233
 infectious diseases, 227
 inspections, 225
 offensive trades, 246
 pig keeping, 247
 pleasure fairs, 247
 Rag Flock and Other Filling Materials Act, 1951, 254
 re-development areas, 243
 Rent Restriction Acts, 232
 rodent control, 248
 supervision of shops, 255
 tents, vans and sheds, 245
 tips and tipping, 247
 urgent nuisances, 242
 Public Health Laboratory Service, 55
 Public houses, 215
 Puerperal fever, 109

R

Radiological examination of water, 270
 Rag Flock and Other Filling Materials Act, 1951, 254
 Railway engines—smoke, 287
 Rainfall details, 16
 Recuperative convalescent care, 154
 Redevelopment areas, 243
 Refuse collection and disposal, 263
 Rehousing, 72, 160
 Relaxation classes, 86, 112
 Remand homes, 182
 Rent Restriction Acts, 232
 Residential nurseries, 178 184
 Retail food shops, 211
 Riding Establishments, 204
 Rodent control, 248
 Routine Sampling of Corporation Water, 269

S

Salvage and refuse collection, 263
 Sampling of :—
 corporation water, 63, 269
 egg, 213
 food and drugs, 55
 milk, 55, 209
 swimming bath water, 274
 Scabies, 259
 Scarlet fever, 35
 School children—B.C.G. vaccination, 50
 Severn Supply Scheme, 266
 Sewerage, 261
 Sewing classes, 87
 Shellfish, 214
 Shops, supervision of, 255
 Shops, inspections 211
 Slaughterhouses, 195
 Slum clearance, 219
 Smallpox, 35
 Smallpox vaccination, 54
 Smoke control areas, 281
 Smoke—industrial premises, 275
 Snow, 16
 Spastics, 191
 St. John Ambulance Brigade, 148
 Staff, 7
 Staff—medical examinations, 194
 Statistics :—
 day nurseries, 80
 deprived children, 180
 health visitors, 127, 153
 Home Help Service, 164
 Home Nursing Service, 134
 illegitimacy, 94
 maternity and child welfare, 89
 midwifery, 110
 prematurity, 115
 tuberculosis, 73
 vital, 17, 26
 Stillbirths, 18
 Suicides, 21
 Sunshine, details, 16
 Supervision of Offices, Shops and
 Railway Premises, 255
 Supervision of Food, 195
 Supervision of industrial premises, 275
 Supervision of shops, 255
 Swimming bath water—sampling of, 274
 Synthetic cream, 210
 Syphilis, 39

T

Temperature details, 16
 Tents, vans and sheds, 245

Tippetts Bequest, 72
 Tips, 247
 Town and Country Planning Acts, 277
 Training centres 172
 Training of health visitors, 117
 Training of mental health workers, 175
 Tuberculosis, 67
 B.C.G., 50
 contacts, 53
 disinfection, 259
 mortality, 70
 rehabilitation, 72
 rehousing, 72
 slaughtered cattle, 203
 statistics, 73
 visitors, 71
 Typhoid, 35

U

Unfit houses—individual, 220
 Unmarried mothers, 81, 94
 Unmarried mothers—statistics, 94
 Urgent nuisances, 242

V

Vaccination,
 B.C.G., 50
 certificates, 44
 poliomyelitis, 49
 smallpox, 54
 yellow fever, 54
 Venereal diseases, 37
 Verminous premises, articles and persons, 259
 Veterinary attention, 205
 Veterinary and food inspection, 200
 Veterinary services, 206
 Vital Statistics, 17, 26
 Voluntary workers, 87, 148, 154

W

Ward, birth, death, etc, rates, 27
 Ward, population, 27
 Water :—
 fluoridation of drinking water, 270
 radiological examination, 270
 sampling of, 269
 swimming bath, 274
 supply, 266
 provision of internal supply, 273
 wells, 272

Watercress, 214
Weather details 16
Welfare of the Blind, 187
Welfare centres 84
Welfare centres, attendances, 93
Welfare of the aged 149

Wells, 270
Whooping cough 43
Winds 16

Y

Yellow fever vaccination 54

